Request for Health Inspection of Licensed/Approved Premises

Burdekin
Shire Council

**Address all communications to
The Chief Executive Officer**

PO Box 974, Ayr Qld 4807
T (07) 4783 9800 | **F** (07) 4783 9999
enquiries@burdekin.qld.gov.au

Section 1: Applicant Details (Please print)

I/We (Full Names)			
Of (Company Name)			
Postal Address			
Telephone		Mobile	
Email			

Being the purchaser(s) or acting on behalf of the purchaser of the premises/vehicle trading as:

Located at			

Do hereby request for an inspection of the premises / vehicle by an authorised officer so that a current status report can be obtained.

Signature		Date	
Signature		Date	

Section 2: Consent to Disclose Information

I/We (Full Names)			
Of (Company Name)			
Postal Address			
Telephone		Mobile	
Email			

Being the owner/licensee(s) or acting on behalf of the owner/licencee(s) of the premises/vehicle trading as:

Located at			

Do hereby consent to the enclosure of all information relating to the above mentioned premises, vehicle as a result of the said inspection, whether such information or such documents were obtained from me or otherwise.

Signature		Date	
Signature		Date	

145 Young Street, Ayr Qld 4807 | ABN: 66 393 843 289 | www.burdekin.qld.gov.au

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Information Privacy Act 2009. Burdekin Shire Council is collecting the personal information you provide on this form in accordance with the legislation relevant to the licence for the purpose of recording authorisation and to provide inspection results.   Your information will not be disclosed to a third party without your consent unless required or authorised by law.

Office Use Only						
Fee Paid	$	Receipt No.		Prop ID No		Land ID No	
Date Paid	/ /	CSO Initials		Action	**EO**	Function ID No	**655**

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