

REQUEST OF A NON ROUTINE FOOD PREMISES INSPECTION



BUSINESS NAME: _____

NAME OF APPLICANT/MANAGER: _____

POSTAL ADDRESS: _____

BUSINESS ADDRESS: _____

CONTACT NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

AUTHORISATION FROM OWNER: _____

(provide written proof of authorisation from current owner)

PREFERRED DATE AND TIME OF INSPECTION (SUBJECT TO AVAILABILITY): _____

**Attached is the fee of \$ 100
Details of payment on rear of form.**

APPLICANT'S SIGNATURE: _____ DATE: _____

Please turn over for payment details



Shire of Mundaring
7000 Great Eastern Highway, Mundaring WA 6073

Phone: (08) 9290 6666 Fax: (08) 9295 3288

Payment Options

1. Cash
2. Credit Card
3. Cheque

Please Note:

- Do not send cash in the mail.
- Cheques are to be made payable to the Shire of Mundaring.
- Credit Card payments are to be made by filling out the credit card authorisation below.

How to Pay

- | | |
|--|--|
| <p>1. Payment in Person
Shire Administration Office
7000 Great Eastern Highway, Mundaring
Cashier Hours 9:00am – 4:15pm
(Monday–Friday)</p> | <p>2. Payment by Mail
Shire of Mundaring
7000 Great Eastern Highway
Mundaring WA 6073</p> |
|--|--|

CREDIT CARD PAYMENT AUTHORISATION:

Credit Card Type: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/>
Card No: _____ Expiry Date: ___/___ Amount: \$100
Signature: _____
Card Holder's Name: _____
Phone Number: _____ Date: _____
Note: Your signature heron is authority for us to issue a sales voucher for the amount shown in the space provided above.

Should you have any queries regarding this form or want further information relating to food legislation or the Food Safety Standards Code please contact the Shire of Mundaring Health Services on (08) 9290 6666

Or log into www.mundaring.wa.gov.au or www.foodstandards.gov.au/