## Office Use: 40-

Food Business	
<b>Settlement Enquiry Ag</b>	greement



This form is to be completed by appropriate representative/s from selling party for settlement enguiries pertaining to health regulated businesses/buildings.

Mobile:

**Incumbent Owner Details** 

Full Name of Owner:

**Business Name:** 

**Business Street Address:** 

Phone:

Email:

Type of Business:

## **Settlement Details**

Proposed Date of Settlement for above mentioned business:

Settlement Agent/Applicant Name:

Address:

Agent Name (person):

Agent Contact Number:

Agent Contact Email:

**Declaration** 

I, being the incumbent owner, agree to the City of Wanneroo Health Services releasing information pertinent to the settlement of this business/property and relating to health legislative requirements, fees and charges and outstanding health orders to the settlement agent listed above.

Signed (Incumbent Owner): Dated:

By (Name): \_\_\_\_

## Lodging your Application

## \$163.50 application fee to be submitted with application form for each settlement enquiry. Payment may be made by any party.

City of Wanneroo Administration Centre, 23 Dundebar Road, Wanneroo, Monday to Friday In Person: 8.30am to 5.00pm. Payment by Cash, Cheque, EFTPOS, Visa or Mastercard. Credit card payments incur a surcharge of 0.57% (incl GST).

By Mail: Locked Bag 1, Wanneroo WA 6946 Cheques to be made payable to the 'City of Wanneroo' and crossed 'Not Negotiable' By Email: health@wanneroo.wa.gov.au

Payment can be made by calling 9405 5285 to pay by Visa or Mastercard. Credit card payments incur a surcharge of 0.57% (incl GST).

Postal Address Locked Bag 1 Wanneroo 6065

**T** (08) 9405 5000 E health@wanneroo.wa.gov.au