# Cassowary Coast REGIONAL COUNCIL

## **CASSOWARY COAST REGIONAL COUNCIL**

PO Box 887, 70 Rankin Street INNISFAIL QLD 4860 Ph: 1300 763 903

Email: enquiries@cassowarycoast.qld.gov.au

#### APPLICATION FOR BUSINESS SALE SEARCH AND/OR INSPECTION

To: Chief Executive Officer, Cassowary Coast Regional Council

**Application for:** Business Sale Search and/or Inspection

Section 1 - Applicant De	etalis (please print)	
Full Name:		
Telephone:	Mobile:	
Facsimile:	Email:	
Address:		
Trading name (if applicable):		
Contact name for this application:		
Telephone:	Mobile:	
Signature of Applicant:		Date:
Section 2 - Current Bus	iness Operator Details (please p	orint)
	provides Council with written authorisation on enable Council to release the Inspection ar	
Current Business Name:		
Current Name of Business Owner	/ Proprietor:	
Position in Business:		

Telephone:				M	lobile:			
Facsimile:				E	mail:			
Address:								
Trading nar	ne (if	applica	able):					
Company na	ame (	if appli	cable):					
Director's name (if applicable):								
	Request inspection within 15 working days of request lodgement				ays of request lodgement		\$404.00	
	Urgent Health Search Report within 5 working days				orking days		\$899.00	
	Other – Environmental Health Officer (EHO) time per hour						\$301.00	
Payme	nt op	otions						
In person	You can pay via EFTPOS at the Customer Service Centres between 8:30am to 4:30pm Monday, Tuesday, Thursday & Friday; and 9:30am to 4:30pm on Wednesdays (excluding public holidays).							
	By BPay  Please tick if you would like an invoice to be emailed so you can pay by BPay.							
OFFICE I	JSE C	NLY						
Fee:	Fee: Receipt No:			Date:	(	Officer Name:		
of your info delivering s be accessed	ormatio service: ed by p	on is auth s and car persons w	orised under the <i>Local Governme</i> rying out Council business. Your p	nt Act 2 ersonal	collected for the purpose of assessing 2009. You are providing personal infor information is handled in accordance information will not be given to any ot	matior with th	n which will be used for t e <i>Information Privacy Ac</i>	he purpose of 2009 and will



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#### WRITTEN DECLARATION

I/We authorise the Cassowary Coapremises located at:	st Regional Council to rel	ease the recent insp	ection report for ou
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			······································
to the following named person/person	ons:		
Name (please print):			
Position in company:			
Signature:		Date:	