



HEALTH & ENVIRONMENT INSPECTION REPORT REQUEST

Phone: 3810 6625
Fax: 3810 6737

Business Hours – 8.00am to 4.30pm

Ipswich City Council

NOTE: Applications that are incomplete will not be accepted
Please ensure you lodge your application to Ipswich City Council at least 10 working days before it is required.

Applicant's Name _____ Signature: _____
(Person requesting a Health & Environment Inspection Report)

Applicant's Address _____

Contact Person's name: _____ Phone: _____
(If different from above)

Fax: _____ Mobile: _____ Email: _____

PREMISES ADDRESS (Use official address of premises location)

Unit No: _____ Street No: _____ Building Name: _____

Street: _____ Suburb: _____ P/Code: _____

1. Report Type

- Pre-purchase
 Status Report
 Other *Please specify* _____

2. Type of Licence/Permit/Approval – please provide current licence number

- | | |
|--|-------------------|
| <input type="checkbox"/> Food Business | Licence No: _____ |
| <input type="checkbox"/> Flammable and Combustible Liquids | Licence No: _____ |
| <input type="checkbox"/> Environmental Relevant Activity | Licence No: _____ |
| <input type="checkbox"/> Entertainment Venue | Licence No: _____ |
| <input type="checkbox"/> Caravan Park | Licence No: _____ |
| <input type="checkbox"/> High Risk Personal Appearances Services | Licence No: _____ |
| <input type="checkbox"/> Waste Transport | Licence No: _____ |

Comments other: _____

Current Licence/Permit Holder's Authorisation

I authorise an inspection to be conducted on the premises/activity and understand that an inspection report will be issued to the applicant.

Current License/Permit Holder's name *Individual or Organisation* _____

Name of Signatory *If operator is an Organisation* _____

Position *Proprietor, Director, Manager* _____

Current Licence/Permit Holder's Signature _____ Date _____