

# Settlement Enquiry Form



Town of Cottesloe

A generic report will be provided to the applicant detailing any outstanding health orders/works relevant to the business. Please be advised that information will be very general (compliant/non-compliant). If specific information regarding any outstanding orders/works and the outcome of the latest assessment is required you must obtain the current business owners consent – *Owners Consent*.

**Business Details – Type of Business to be settled (please tick):**

<input type="checkbox"/> Food Business	<input type="checkbox"/> Public Building	<input type="checkbox"/> Lodging House
<input type="checkbox"/> Skin Penetration Premises	<input type="checkbox"/> Other (please describe)_____	

**Name of Business to be settled**

\_\_\_\_\_

**Address**\_\_\_\_\_

**Telephone**\_\_\_\_\_ **Email**\_\_\_\_\_

**Name of Applicant**\_\_\_\_\_

**Scheduled Settlement Date**\_\_\_\_\_

**OWNERS CONSENT TO RELEASE DETAILED INFORMATION**

*I declare that I am the current, lawful owner of the business detailed above which is the subject of a settlement. I give permission to the Town of Cottesloe to release specific information regarding any outstanding health orders/works and the latest assessment findings.*

**Name**\_\_\_\_\_ **Signature**\_\_\_\_\_

**Date**\_\_\_\_\_ **Telephone**\_\_\_\_\_



**INFORMATION SOUGHT**

Select enquiry type:

**Type 1: Settlement Enquiry with desk-top assessment only**  \$75

This includes a report with general information relating to whether the business complies/not complies and details of any outstanding fees.

**Type 2: Settlement Enquiry with desk-top assessment and inspection of premises**  \$175

This includes a report with detailed information relating to whether the business complies/not complies, a copy of the most recent assessment carried out, an on-site inspection of the premises and details of any outstanding fees.

**PAYMENT INFORMATION**

**In person:** Cottesloe Civic Centre, 109 Broome Street, Cottesloe

*Note – Please allow up to 10 working days for requests to be processed.*

Total Fee	_____	Advise depot	_____
Receipt #	_____	Update Authority	_____
		TRIM	_____
		Rates (if applicable)	_____
			_____