

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 **\$72**

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 **\$144**

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

Online: www.cottesloe.wa.gov.au

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

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