

Application for Approval of Certain Food Handling Activities in Residential Premises

Form 2 Health Act 1911 Health (Food Hygiene) Regulations 1993 [Regulation 57 (4)]

To the Shire of Murray:

I:

(full name)

apply to:

(describe the food handling activities)

At:

(residential address where food handling activities will take place)

Signature of Applicant:

Date:

Office Use Only

Approval (*Strike out whichever is not applicable)

*The above application is granted subject to the following terms and conditions:

*The above application is refused.

**Environmental Health Officer
Shire of Murray**