



# Internal Review Application

## Health Safety and Amenity Local Law 2009

*Dedicated to a better Brisbane*

**Office Use Only**

DART Invoice no.

Use this form if you are requesting an internal review of Council's decision to issue a compliance notice or enter into an enforceable undertaking under the Health Safety and Amenity Local Law 2009.

**1 Business trading name**

**2 Premises address**

*(official address of location)*

  
  
  
 Postcode

**3 Applicant's name** *(person requesting this internal review)*

Mr  Mrs  Miss  Ms  Other

Last/Family name

First/Given name(s)

**4 Applicant's address**

  
  
  
 Postcode

**5 Contact person's name** *(if different from Question 3)*

**6 Business hours contact details**

Phone number

Fax number

Mobile number

Email address

**7 Reason for review**

*(provide details and attach any further documentation to this form)*

**8 To be completed by the applicant/business owner**

Name *(individual or organisation)*

Name of Signatory *(if applicant is an organisation)*

Signature/seal

APPLICANT 1

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Date

Name *(individual or organisation)*

Position *(Proprietor, Director, Manager)*

Signature

APPLICANT 2

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Date

**9 Application lodgement options**

**Email electronic lodgement:**

CARSAdmin.@brisbane.qld.gov.au

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**In person:**

Regional Business Centres

Central Business Centre

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**Post to:**

Brisbane City Council

Built Environment North

GPO Box 1434

BRISBANE QLD 4001

**For further information:**

Please contact Brisbane City Council on (07) **3403 8888** or visit Council's website at **www brisbane.qld.gov.au**