

## APPLICATION FORM

# CANCELLATION OF HEALTH REGISTRATION/ PERMIT/ LICENCE

| APPLICANT DETAILS   |                                |      |          |
|---|--------------------------------|------|----------|
| Applicant Name  |                                |      |          |
| Postal Address  |                                |      |          |
|   | Suburb                         |      | Postcode |
| Contact Number  |                                |      |          |
| Email Address   |                                |      |          |
| BUSINESS DETAILS  |                                |      |          |
| Proprietor/ Company Name  |                                |      |          |
| Trading Name of Business  |                                |      |          |
| Business ABN  |                                |      |          |
| Premise Address   |                                |      |          |
|   | Suburb                         |      | Postcode |
| TYPE OF BUSINESS  |                                |      |          |
| Food Business   | Temporary Food Stall/ Premises |      |          |
| Caravan Park & Camping Grounds  | Alfresco Dining                |      |          |
| Lodging House   | Public Building                |      |          |
| Personal Care Premises  | Stable                         |      |          |
| Offensive Trade   | Other (Specify):               |      |          |
| DECLARATION   |                                |      |          |
| <p>I declare as the Applicant, all the information supplied on this form is true and correct.</p> <p>I understand that the City will action this form within 15 working days.</p> <p>I understand that a new application is required to re-register this premises and may be subjected to additional council approval</p> |                                |      |          |
| Signed  |                                | Date |          |