



577 Hannan St, Kalgoorlie  
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## APPLICATION FOR CANCELLATION OF REGISTRATION / LICENCE / PERMIT

To: Chief Executive Officer  
City of Kalgoorlie-Boulder

I/We, the owner / occupier / proprietor: \_\_\_\_\_  
(Name in Full)

of: \_\_\_\_\_  
(Address in Full)

Postal \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

The holder of: \_\_\_\_\_  
(Registration / Licence / Permit)

Trading as (if applicable): \_\_\_\_\_

Business ABN / ACN (optional) \_\_\_\_\_

hereby apply to cancel the registration / licence / permit for *(please tick one)* :

- |   |  |
|---|--|
| <input type="checkbox"/> Food Business                        | <input type="checkbox"/> Massage therapy                 |
| <input type="checkbox"/> Alfresco                             | <input type="checkbox"/> Temporary public building event |
| <input type="checkbox"/> Temporary food premise (stall)       | <input type="checkbox"/> Caravan park                    |
| <input type="checkbox"/> Residential food handling activities | <input type="checkbox"/> Lodging house                   |
| <input type="checkbox"/> Skin penetration                     | <input type="checkbox"/> Stable                          |
| <input type="checkbox"/> Hairdressing establishment           | <input type="checkbox"/> Morgue                          |
| <input type="checkbox"/> Solarium                             | <input type="checkbox"/> Pet meat shop                   |
| <input type="checkbox"/> Beauty therapy                       | <input type="checkbox"/> Offensive trade                 |
| <input type="checkbox"/> Other _____                          |  |

situated at: \_\_\_\_\_  
(address of premises)

\_\_\_\_\_  
(Signature of Applicant/s)

\_\_\_\_\_  
(Date)