

APPLICATION FORM

CANCELLATION OF REGISTRATION/ LICENSE/ PERMIT

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 Premise or Stall		
Caravan Park	Alfresco		
Lodging House	Temporary Public Building Event		
Personal Care Premise	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>			
Signed		Date:	