

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		
	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	