

APPLICATION FORM

TRANSFER OF HEALTH REGISTRATION/ PERMIT/ LICENCE

For the purpose of applying to have the registration/ license/ permit of the below mentioned premise transferred – Food Businesses require a new **Food Notification & Registration Form**.

WHAT IS THE APPLICATION FOR? TICK ONE BOX ONLY				
Offensive Trade	Morgue	Caravan Park		
Alfresco	Stable	Other:		
CURRENT HOLDER DETAILS				
Name				
Postal Address				
	Suburb		Postcode	
Contact Number				
PREMISE DETAILS				
Business Premise Name				
New Trading Name (If Applicable)				
Premise Address	Shop/ Unit		Street Address	
	Suburb		Postcode	
NEW APPLICANT DETAILS				
Name				
Postal Address				
	Suburb		Postcode	
Contact Number				
Email Address				
DECLARATION				
I declare as the Applicant, all the information supplied on this form is true and correct.				
I understand that the City will action this form within 15 working days.				
Signed by Current Holder		Date		
Signed by New Applicant		Date		