

Application for Surrender of Food Business Licence

Food Act 2006

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the region. The information will not be disclosed to any other party unless required by law.

Please provide food business licence number and expiry date

Licence number:	Expiry:
Trading name:	

OFFICE USE ONLY

Date this surrender takes effect:	/	/
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Applicant/s details (for a company or registered organisation)

Company name:
ACN/ ARBN/ IA:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (specify)

Family name:
Given names:
Position:

I declare that I have the authority to sign on behalf of the company or registered organisation and that the information provided in this application to be true and correct.

Signature:	Date:	/	/
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Applicant/s details (for individual/s)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Family name:	Family name:
Given names:	Given names:
Position:	Position:

I declare that the information provided in this application to be true and correct.

Signature:	Signature:
Date:	Date:
/	/

Business details (only business names registered with the Office of Fair Trading can be used)

Business name:	ABN:
Street address:	
Locality/ Suburb:	State: Postcode:
Phone:	Mobile:
Fax:	Email:
Postal address (if different):	
Locality/ Suburb:	State: Postcode:
Contact person:	
Phone:	Mobile:
Fax:	Email:

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This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across the entire width of the page, typical of notebook or legal stationery. The background is a solid off-white color. There are no margins, text, or other markings present.

☐ **Food business licence certificate is attached**