

SURNAME					
GIVEN NAMES					
CONTACT DETAILS	A/H		Work		
	Mob		Fax		
	Email				
RESIDENTIAL ADDRESS					
POSTAL ADDRESS					
TYPE OF LICENCE/ REGISTRATION BEING CANCELLED	Food		Flammable & Combustible		Personal Appearance
	Outdoor Dining		Environmental		Other
BUSINESS NAME					
BUSINESS ADDRESS					
BUSINESS PHONE					
LICENCE/ REGISTRATION NUMBER					
REASON FOR CANCELLATION	Closing Down				
	Moving				
	Other (please Specify)				

PLEASE RETURN THE ORIGINAL REGISTRATION OR LICENCE THAT YOU ARE CANCELLING TO COUNCIL.

Application is made to cancel a licence or registration under the relevant legislation:

- .. *Food Act 2006 and Regulation 2006*
- .. *Outdoor Dining/Sidewalk Seating Policy*
- .. *Dangerous Goods Safety Management Act 2001 and Regulation 2001*
- .. *Environmental Protection Act 1994 and Regulation 1998*
- .. *Public Health (Infection Control for Personal Appearance Services) Act 2003*
- .. *Other (Please specify)_____*

I am aware that it is an offence to knowingly provide false or misleading information.

Name: _____

Position: _____

Signature of Applicant: _____

Date: _____