

PREMISES DETAILS

OCCUPIER FULL NAME _____

CONTACT PHONE NUMBER _____

POSTAL ADDRESS _____

TRADE NAME _____

NATURE OF BUSINESS _____

IN CASE OF FOOD PREMISES _____
(Nature / type of food business, i.e. manufacturing or retail, types of food, manufactured or sold)

LOCATION OF PREMISES _____

VEHICLE REGISTRATION NUMBER _____
(In case of mobile food vehicle/caravan)

VALUATION NUMBER _____
(If known)

DECLARATION

I _____ hereby state (print name of person signing application) that the above particulars are true and correct and I now make application for a certificate of registration to be issued to the occupier specified in this application.

SIGNED _____ **DATE** _____

FEE PAID \$ _____ **RECEIPT NUMBER** _____ **RISK LEVEL** _____

IF CHANGE OF OCCUPIER ONLY

PREVIOUS OCCUPIER DETAILS:

OCCUPIER FULL NAME: _____

TRADING NAME: _____

POSTAL ADDRESS: _____

FEE \$40.00