



APPLICANT DETAILS

GIVEN NAMES:

SURNAME:

POSTAL ADDRESS:

OWNERS NAME:
(IF DIFFERENT FROM ABOVE)

OWNERS ADDRESS:
(IF DIFFERENT FROM ABOVE)

PHONE NUMBER:

EMAIL ADDRESS:

FOOD BUSINESS / PREMISES DETAILS

(IF FOOD VEHICLE/TEMPORARY FOOD BUSINESS PLEASE PROVIDE DETAILS OF WHERE THE VEHICLE IS GARAGED)

TRADING NAMES:

SURNAME:

ADDRESS OF PREMISES:

POSTAL ADDRESS:
(IF DIFFERENT TO BUSINESS ADDRESS)

PHONE NUMBER:

EMAIL ADDRESS:

This application is to be submitted with a scaled set of drawings showing design and specification details as per Health Service Requirements for an Application to construct, Alter or Fit Out a Food Business, **together with the application fee.**

SIGNATURE:

DATE: