

Application for surrender of food licence for fixed or mobile food premise



Gold Coast City Council

Food Hygiene

PO Box 5042, GCMC Qld 9729

goldcoastcity.com.au

General enquiries (07) 5581 6668

Main office locations

833 Nerang-Southport Road, Nerang

135 Bundall Road, Surfers Paradise

Authorising Provisions

Food Act 2006

(Chapter 3)

If you have any specific enquiries regarding how to complete this form please contact Council's Licensing & Approvals Section on **(07) 5581 6668** or Fax: **(07) 5581 6898**.

Please complete this application in BLOCK LETTERS and tick boxes where applicable.

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 city. The information will not be disclosed to any other party unless required by law.

<p>Applicant must be a legal entity (eg. Individual/s, company – not business or trading name)</p>	<p>Applicant details</p> <p>Applicant Name: _____ (eg. Individual/s, company)</p> <p>ACN: _____</p> <p>Postal address: _____ _____</p> <p>Trading name: _____</p> <p>Registered business address: _____ _____</p> <p>Contact person: _____</p> <p>Phone no.: _____ mobile no.: _____</p> <p>Fax no.: _____</p> <p>Email address: _____</p>		
	<p>Application details</p> <p>Food licence number to be surrendered</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">CAF/MFV/TFS</td> </tr> <tr> <td style="padding: 2px;">Trading name:</td> </tr> </table>	CAF/MFV/TFS	Trading name:
CAF/MFV/TFS			
Trading name:			
	<p>Why is a surrender application being made? If you require more space, attach a separate signed statement</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

All licence holders must sign. If a company, directors must sign.

Signature of licence holder

Licence Holder:

Contact Person:

Phone:

Mobile:

Fax:

Email:

Signature:

Date:

Applicant checklist

certificate of food licence