

Cancellation of Licence

Application Form

TOOWOOMBA REGIONAL COUNCIL, TOOWOOMBA REGIONAL COUNCIL, TOOWOOMBA REGIONAL COUNCIL, TOOWOOMBA REGIONAL COUNCIL
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| 1. Applicant Details Completion of Question 1 clearly identifies who is making the application | Name: | | |
| | Postal Address: | | |
| | Signature/s: | Date: | |
| | Contact Person: | | |
| | Contact details: | Phone: | Mobile: |
| | | Email address: | |

| | | |
|----------------------------|---------------------------------------|----------------------|
| 2. Property Details | Present Location of Building: | |
| | No: | Street: |
| | Licence Number / Trading Name: | |
| | No: | Trading Name: |

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|---------------------------------|---|
| 3. Consent of Licensee/s | To: ENVIRONMENTAL HEALTH SERVICES |
| | Dear Sir/Madam |
| | Please cancel my licence effective from the date below: |
| | _____ |
| | _____ |
| | _____ |
| Licensee/s Signature: | Date: |

| | |
|------------------------------|--|
| 4. Reply Paid Address | Please mark on an envelope the following reply paid address for free postage: |
| | Environmental Health Services |
| | Toowoomba Regional Council |
| | Reply Paid 3021 |
| | TOOWOOMBA VILLAGE FAIR QLD 4350 |