

TRANSFER OF A FOOD BUSINESS APPLICATION

*All applications are deemed addressed to the Chief Executive Officer of the City of Greater Geraldton.

Previous Owner(s) Details:

I hereby authorize the transfer of food business:

Business Name:			
Business Address:			
Phone:			
Email:			
Owner Name:			
Signature:		Date:	

New Applicant Details:

*If there is more than one owner please list both

Business Name:			
Business Address:			
Business Owner Name:			
Postal Address:			
Phone/s:			
Email:			
Signature/s:		Date:	

Please note an appointment with the City's Environmental Health Officer is required to discuss your obligations under the Food Standards 3.2.2.

This application is validated on;

- 1 – Payment of \$150.00 for food business transfer and initial inspection.
- 2 – No outstanding fees on the premise (EHO please tick)
- 3 – Appointment has been made on _____ with an Environmental Health Officer.

OFFICE USE ONLY

Fees Payable to a/c 07220803

Date Paid:

Receipt:

Cashier:

