

Food Business Cancellation Form – Food Act 2008

Section 1. Business name				
Business name:			ABN/ACN:	
Trading name:				
Address of premises:	Shop no.	Unit no.	Street no.	
	Street name		Suburb	Post code
Postal address:				
Phone:			Fax:	
Email:			Mobile:	

Section 2. Proprietor's details (the Proprietor is the person who conducts or is in charge of the food business)				
Proprietor's full name (person's name):				
Proprietor's residential address:	Unit no.	Street no.	Street name	
	Suburb			Post code
Phone:			Mobile:	
Fax:			Email:	

<p>Declaration: I, _____ (name of the proprietor) hereby request cancellation of registration of the food business to be effective as of _____.</p> <p>The food business has: (please tick): <input type="checkbox"/> been sold <input type="checkbox"/> closed</p> <p>Signature of proprietor: _____ Date: _____</p>
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OFFICE USE ONLY:

Authority register no. _____

Processed: _____

Date: _____