



Food Act 2008
ADVICE OF SOLD OR CLOSED FOOD BUSINESS

I/we wish to notify of the following changes (please tick):

- Food Business ceases to be conducted at these premises
- Food Business is sold

Current Licensee Details

Name:		
Postal Address:		
Phone:	A/H:	Fax:

Premises Details *(if food vehicle/temporary food business provide details where vehicle is garaged)*

Trading Name:
Address of Premises:

New Proprietor Details *(if food business is sold)*

Proprietor Name:		
Postal Address:		
Phone:	A/H:	Fax:
Email:		

Declaration

I, declare that the information contained in this notification is true and correct in every particular.

Signature of Proprietor or Previous Proprietor: _____ Date: _____

Office Use Only – NO FEES APPLICABLE - Refer to EHO

Assess No: **A.....**