



**Townsville City Council**  
Environmental Health Services

## ***FOOD ACT 2006 >>***

### ***APPLICATION TO CANCEL A FOOD LICENCE***

***>> Please call Environmental Health Services on 1300 878 001 for further information***

**PRIVACY COLLECTION NOTICE:**

You are providing information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.



# Application – Cancel Food Licence

CUSTOMER SERVICE USE ONLY			
Licence No.:		Fee:	
DWX Web Ref.:		Receipt	
Assessment No.:		Date:	

Please read the application form carefully and complete all applicable sections.

1. Current food licence number for the business:

## 2. Business Details

(A) What Is The Trading Name Of The Business?

(B) What Is The Business Address Where The Activity Is Carried Out?

If the licence is for a mobile food business, you must give the address where the vehicle is housed, or your residential address. This address cannot be a post office box.

>> Address/location of business:

  
  


Postcode

>> Business phone number:

>> Email address:

(C) What Is The Intended Cancellation Date?

## 3. Vendors Declaration (to be completed by the licence holder)

**PLEASE NOTE** If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association

I, (full name) \_\_\_\_\_ declare that I am no longer the operator (licensee) of the above mentioned business and wish to cancel food licence reference number \_\_\_\_\_ effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ (please complete previous licensee details below).

I understand that the information provided in and accordance with this application may be disclosed publicly under the *Freedom of Information Act 1992* and the *Evidence Act 1977*.

I am aware that it is an offence to knowingly provide false or misleading information.

<b>Previous Licensee:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Name of Individual / Organisation <input type="text"/> Name of Signatory <small>(if licensee is an Organisation)</small> <input type="text"/> Signature: <input type="text"/> Date: <input type="text"/>	<b>Contact number:</b> <input type="text"/> <b>Postal Address:</b> <input type="text"/>
--	--

