

Application for Certificate of Compliance



NOTE: Environmental Health Officers require a minimum of 14 days from date of payment to arrange an appropriate time for inspection

Name Of Applicant/s

Mailing Address

Business Phone After Hours Phone

Owners Name

Business Name & Address

Registration Category (e.g. Food- Café, HR Personal Appearance, ERA, etc.)

Current Licence Number Total Fee \$

I/we being the owner of the above *business / premises, hereby request a *Certificate of Compliance to be completed.

Signature of Owner

Signature of Applicant Date

Address Communications to:

Environmental Health Unit, PO Box 1268, Townsville Q 4810 Phone: 1300 878 001 Fax: 4727-9054 www.townsville.qld.gov.au

OFFICE USE ONLY >>

Fee:	Date:
Receipt No:	Assess No:

