



TRANSFER OF A HEALTH PREMISES

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 the following: *please tick one*

Food Business Hairdressing Business Skin Penetration Business

Owner's Name: _____

Business Name: _____

Business Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Signature: _____ Date: _____

NEW APPLICANT DETAILS

If there is more than one new owner, please list both:

Owner's Name: _____

Business Name: _____

Business Location: _____

Postal Address: _____

ABN: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Signature: _____ Date: _____

Please Note:

An appointment/inspection with the City's Environmental Health Officer is required to discuss your obligations under the Food Standards 3.2.2.



THE APPLICATION IS VALIDATED ON

1. Payment of \$173.00 for food business transfer and initial inspection.
2. No outstanding fees on the premise *EHO please tick.*
3. Appointment to be made with an Environmental Health Officer.

OFFICE USE

GL Account No: **07220803** _____

Receipt Number: _____

Date Paid: _____

Officer's Initials: _____