



TRIM Reference: \_\_\_\_\_

# TRANSFER OF A FOOD BUSINESS APPLICATION

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 food business:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW APPLICANT DETAILS** \* If there is more than one owner, please list both:

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

New Business  
Owner's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

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.

This application is validated on:

1. Payment of \$160.00 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

Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Cashier: \_\_\_\_\_

