



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

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: _____

ABN : _____

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 and requirements.

TRANSFER OF APPLICATION FEE

Food Business/Hair dressing/Skin Penetration

\$165.00 (includes start-up inspection)



OFFICE USE

GL Account No: 07220803

Date Paid: _____

Receipt Number: _____

Cashier: _____

