



TRIM Reference: _____

NOTIFICATION OF A PEST CONTROL BUSINESS

All applications are deemed addressed to the Chief Executive Officer of the City of Greater Geraldton. *Health (Pesticides) Regulations 2011*

APPLICANT/BUSINESS DETAILS

Applicant's Name: _____

Business Name: _____

Location of Business: _____

Postal Address: _____ *if different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

Please provide any further information regarding your pest control business:

DECLARATION

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

Signature: _____

Date: _____

APPLICATION FEE

Application Fee: \$160.00

Includes start-up inspection

OFFICE USE

Date Paid: _____

Receipt Number: _____

Account No: 07220803

Officer's Initials: _____

