

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 (Address): _____

Postal Address: _____

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: \$180.00 *Includes start-up inspection*

OFFICE USE

Account Number: 5500-100058-43310 Date Paid: _____

Receipt Number: _____ Officer's Initials: _____

