

Notification of change of occupier of registered premises

Pursuant to the Health (Registration of Premises) Regulations 1966

Applicant's full name _____

Postal address _____

Trading name of business _____

Business phone _____

Takeover date of the business _____

Street address of premises _____

Name of previous occupier _____

Trading name of previous business _____

Premises registered as *(tick box ✓)*

Food Premises

Hairdressing Premises

Other *(please specify)*

Signature _____ Date _____

Fees

Refer to Council's current Schedule of Fees and Charges.