

FOOD BUSINESS DETAILS

Food business name:

Food business address:

Proprietor name:

Contact number:

Email:

Postal address:

The food business has been: ☐ Closed ☐ Been sold

CLOSURE DETAILS

The food business identified above has/will cease to operate under the current proprietor on the following date:

DECLARATION

I, the person making this application declare that I am the proprietor of the abovementioned food business and the information contained in this application is true and correct in every particular;

Name of applicant:

Position held:

Signature of applicant:

Date: