



# FOOD BUSINESS CHANGE OF DETAILS

ONLY USE THIS FORM FOR CHANGE OF BUSINESS NAME OR ADDRESS

## BUSINESS PREMISES DETAILS

Name of Premises (in full):		
Previous Name of Premises: (if applicable)		
Postal Address:		
Street Address:		
Telephone: (Business):	(Mobile):	Fax:
Internet: Web:	E-mail:	
Registered Business Name:		
AUS (ASIC) Year:	ABN:	WA (DOCEP) Year: BN:
Are you a member of a Trade or Industry Association? No / Yes Name:		
Do you participate in a "Quality Accreditation" or "Rating" program? No / Yes Name:		

## OPERATING HOURS

	Daytime	Evening	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

## PROPRIETORS DETAILS

Name of Proprietor/s (in full):		
Address for ALL correspondence:		
Residential Address:		
Proprietor's Drivers Licence No:	Expiry date:	Date of Birth:
Telephone: (Home):	(Mobile):	(Business):
Fax:	E-mail:	



**Declaration:**

I, the person completing this food business change of details form declare that all details provided are true and correct in every particular.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Position: \_\_\_\_\_

In the case of a company, the signing officer must state position in the company

OFFICE USE ONLY			
DATE	RECEIPT NO.	AMOUNT PAID	CASHIERS I.D.