



FOOD ACT 2008

Food business cancellation form

Business Name: _____

Business address: _____

Suburb: _____ Telephone: _____

Email: _____ Fax: _____

Business postal address: _____

Suburb: _____ Postcode: _____

Name of Proprietor:

I _____ of _____ hereby
require the City of Subiaco to cancel the Food Business Registration of the above
food business to be effective as of _____.

It is a requirement of the *Food Act 2008* that this form be completed in full.

Signature of proprietor: _____ Date: _____

Administration Centre: 241 Rokeby Road, SUBIACO WA 6008 **Postal address:** PO Box 270, SUBIACO WA 6904
Phone: (08) 9237 9222 **Fax:** (08) 9237 9200 **Email:** city@subiaco.wa.gov.au **Website:** www.subiaco.wa.gov.au