CITY OF GOSNELLS

# 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:**<br>**(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:** | | |
| **Date of Birth:** | | |
| **Telephone: (Home):** | **(Mobile):** | **(Business):** |
| **Fax:** | **E-mail:** | |

CITY OF GOSNELLS

**Privacy Collection Notice**
Personal information is collected by the City of Gosnells to support the delivery of services to the community. Information is handled in accordance with the *PRIS Act 2024* and our Privacy Policy. Where necessary, information may be shared internally or with other agencies. See our Privacy Policy for more detail, City of Gosnells Privacy Information. To access or amend your personal information please contact the Privacy Officer by email info@gosnells.wa.gov.au or by telephone 08 9397 3000.

**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. |
| | | | |