

Notification of Change of Occupier of Registered Premises
Pursuant to the Health Act 1956 and Health (Registration of Premises) Regulations 1966

Existing Owner Details		FP	
Business/Trading Name			
Physical Address of Business			
Name of Applicant			
Postal Address for Service if different from above			
		Post Code	

New Owner Details			
Full Name of Applicant			
Physical Address of Business			
New Name of Premise (Trading Name)			
Postal Address for Service if different from above			
		Post Code	
Contact Phone (Work)		Contact Phone (Home)	
Mobile Phone No		Contact Name	
Signature		Date	

For Office Use Only

Date Application Received	
Receipt Number	
Amount	\$40.00

EHO Officer Comments

Date Rec'd by EHO		Approval to Issue 2009/2010 Licence	Yes	No
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Environmental Health Officer	Signature	Date
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