

HEALTH SERVICES APPLICATION

Application for a _____
(see reverse for Premises type)

Applicant Details

Given Names _____ Family Name _____

Residential Address _____ Postcode _____

Telephone (Day) _____ (Mobile) _____

Facsimile _____

Business Name _____

Business Address _____ Postcode _____

Fees and Signature

Application fee \$ _____

Licence fee \$ _____

Total \$ _____

Signature of Applicant

_____/_____/_____
Date

Please forward your completed form, application fee and two (2) copies of plans scaled 1:100 to this City's Health Department

Construction work is not to commence until Plans are approved.
Some Premises will be subject to an annual Licence

Receipt No : _____

Office Use Only

Date: ____/____/____