

Food Business Licence Replacement Form

Privacy Notice: Council deals with your personal information in accordance with law including the *Information Privacy Act 2009*.

This form is to be completed when applying for a replacement food business licence for a food business carried on by the applicant that has a current food business licence.



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Applicant Details			
Licensee name: <i>(if partnership or company)</i>			
Licensee name: <i>(if individual)</i>			
First	Middle	Last	
Postal address:			
Preferred contact number:		Email:	
Premise Details			
Premises address:			
Street number and name	City	State	Postcode
Vehicle registration number:			
Trading name:			
Licence Details			
Licence number:			
Reason for replacement: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen			
Provide details on how the licence was lost, damaged, destroyed or stolen:			
Declaration			
I submit this Food Business Licence Replacement Form and declare that the details are correct to the best of my ability.			
Applicant name:		Applicant signature:	Date:
Signatory name: <i>(if partnership or company)</i>		Signatory position: <i>(if partnership or company)</i>	

OFFICE USE ONLY	Date:	CSO:
	Information checked: Y / N	Licence number: