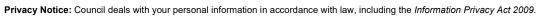
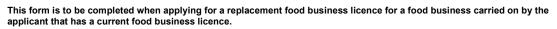
## Food Business Licence Replacement Form







P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Applicant Details			
Licensee name: (if partnership or company)			
Licensee name: (if individual)			
First	Ν	Aiddle	Last
Premises type:  Fixed premises  Mobile premises  Temporary premises			
Vehicle registration number: ( <i>if applicable</i> )			
Trading name:			
Preferred contact number:	Emai	il:	
Premises Address			
Street number and name:			
Suburb:	St	ate:	Postcode:
Postal address (if different):			
Licence Details			
Licence number:			
Reason for replacement: 🗌 Lost 🗌 Damaged 🗌 Destroyed 🗌 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: A	Applicant signature:	Da	te:
Signatory name: S ( <i>if partnership or company</i> ) ( <i>i</i>	Signatory position: if partnership or company	)	
OFFICE USE Date: ONLY Information checked: Y / N		CSO: Licence number:	

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