|  |
| --- |
| **Declaration of Closure or Sale of Registered Business**If you have closed or sold your food business or your hairdressing, beauty, tattooing, skin penetration, accommodation or aquatic facility business, please complete the form below and email this to: maroondah@maroondah.vic.gov.auPlease complete and submit this declaration requesting for your Food Act or Public Health and Wellbeing Act registration to be cancelled. |
| **Your Details \*all required fields** |
| **Name of Proprietor/s\*****(Individual/s or company)** |  |
| **Your Contact telephone Number\*** |  |
| **Your Email Address \*** |  |
| **Your Business Trading Name\*** |  |
| **Address of your Business\*** |  |
| **Date of Closure\*** |  |
| OR |
| **Date of Purchase Settlement\*** |  |
| I, (person described above) hereby declare that I will no longer be operating the above-mentioned business from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) and acknowledge the Food Act/ Public Health and Wellbeing Act registration will be cancelled.  **Signed: Date:** |

