



FOOD ACT 2008

CANCELLATION OF REGISTRATION OF A FOOD BUSINESS

I, _____
(Name of Proprietor)

Hereby request the cancellation of registration for the food business known as:

Located at:

The food business has ✓ (*please tick*):

- ☐ Closed down
- ☐ Been sold

Effective from:

(Date)

(Print Name)

(Signature)

Note – please email the completed form to town@cottesloe.wa.gov.au