



Health Orders and Requisitions

Business Details

Type of Business to be settled:	
<input type="checkbox"/> Food Business	<input type="checkbox"/> Public Building (e.g. hall, pub, gym, cinema, dance studio)
<input type="checkbox"/> Skin Penetration Premises (tattooist, body waxing, piercing etc)	
<input type="checkbox"/> Lodging House (e.g. motel, backpackers etc)	<input type="checkbox"/> Other (please describe):
Trading Name of Business to be settled:	
Street Address:	
Suburb:	Postcode:
Proprietor name:	
Email address	Contact Number:
Scheduled settlement date:	
Owners Consent to release	
<p>I declare that I am the current, lawful owner of the business detailed above which is the subject of settlement, and expressly give permission to the City of Canning to release specific information regarding outstanding orders, requisitions and the latest inspection findings relevant to the City's authority to the applicant.</p>	
FULL NAME:	
DATE OF BIRTH: / /	CONTACT PHONE NUMBER:
HOME ADDRESS:	
_____ / ____ / _____	
Signature	Date