

FORM

Application to cancel a Licence or Registration

BUSINESS NAME						
BUSINESS ADDRESS						
BUSINESS PHONE						
POSTAL ADDRESS						
TYPE OF LICENCE/PERMIT BEING CANCELLED						
CONTACT DETAILS OF APPLICANT	Land line			Mobile		
	Email					
LICENCE/PERMIT NUMBER						
REASON FOR CANCELLATION	Ceased operating		Date	ceased:		
	Sold		Date sold:			
	Other		 		Date:	

NOTE: YOU MUST RETURN THE ORIGINAL OF THE LICENCE WITH THIS FORM.

I am aware that it is an offence to knowingly provide false or misleading information.

Name:

Position:

Signature of Applicant:	
Date:	

PRIVACY CLAUSE

The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.

Electronic version current. Uncontrolled Copy current only at time of printing Document Number: ECS_050 Authorised By: Executive Manager Environment and Community Services Document Maintained By: Environment and Community Services

Version No: 5 Initial Date of Adoption: Unknown Current Version Adopted: 26 April 2017 Next Review Date: As required