

Application to transfer health registration



Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to mark your answers; and
- print clearly.

Once an assessment of your premises/application has been undertaken, an invoice for the associated fees will be forwarded to you. For applicable fees, please refer to Health Licences under the Building & Environmental Health section of the current *Fees and Charges* publication.

Current registration details of premises *(Please print in CAPITALS)*

Trading name

Physical address

Town

Name of owner/operator

Licence number

New owner/operator details *(Please print in CAPITALS)*

Given name(s)

Surname

Title (e.g. Mr, Mrs, etc)

Postal address

Town

Postcode

Office use only

Registration transfer approved Yes No

NAR

Receipt number

Date of issue / /

