

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 <input type="checkbox"/> Date ceased: Sold <input type="checkbox"/> 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*.