

DETAILS

TO:

PAYMENT OF APPLICATION FOR PREMISES LOCATED AT (IF APPLICABLE):

STREET NUMBER:

STREET NAME:

SUBURB:

TYPE OF APPLICATION OR FEE BEING PAID (EG INFRINGEMENT NOTICE, APPLICATION FOR HEALTH PREMISES APPROVAL, PUBLIC BUILDING APPLICATION, REGULATION 18 APPLICATION ETC)

NAME OF BUSINESS (IF APPLICABLE)

DATE

AMOUNT TO BE PAID \$ NOTE: AMOUNT CANNOT EXCEED \$5000.00

CARD NUMBER:

CARDHOLDER'S NAME:

BANK:

CARD TYPE (I.E. VISA/MASTERCARD):

CARD EXPIRY DATE: CSV:

COMPANY NAME (IF APPLICABLE): NB RECEIPT WILL BE ISSUED IN THIS NAME

POSTAL ADDRESS OR EMAIL ADDRESS (TO SEND COPY OF RECEIPT TO):

CONTACT NAME AND PHONE NUMBER:

CARDHOLDER'S SIGNATURE:

NOTE: PLEASE PLACE THIS FORM WITH OTHER ENVIRONMENTAL HEALTH APPLICATION/INFRINGEMENT NOTICE DOCUMENTATION

OTHER ADDITIONAL COMMENTS (IF REQUIRED):

IF EMAILING APPLICATION, PLEASE SEND THIS AUTHORITY FORM AS A SEPARATE DOCUMENT