

Application to transfer Registration of a Food Premises - Food Act 1984



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Council offices: 25 Ferres Boulevard, South Morang

- Use this form to apply to transfer registration of a food premises from the current proprietor to the new proprietor
- Where tick boxes (☐) appear please tick where applicable

Office use only	Rec'd:	Issued:	EHO:	Fee:	Auth ref:
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Premises identification

Current trading name

Street address

Suburb

Current proprietor (seller)

Legal entity name

ABN

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ACN

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Street address

Suburb & postcode

Postal address

Suburb & postcode

Contact numbers

Business:

Mobile:

Email

Proposed proprietor (buyer)

Legal entity name

ABN

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ACN

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New proprietor commencement date

D	D	M	M	Y	Y
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Street address

Suburb & postcode

Postal address	Suburb & postcode
<input type="text"/>	<input type="text"/>
Contact numbers	
Business: <input type="text"/>	Mobile: <input type="text"/>
Email – <i>please provide a regularly monitored email address for recall notifications</i>	
<input type="text"/>	

Premises details (proposed proprietor)

Proposed trading name			
<input type="text"/>			
Describe the main purpose of the business - ie. café, restaurant, convenience, grocery			
<input type="text"/>			
Postal address (if different from above)		Suburb & postcode	
<input type="text"/>		<input type="text"/>	
Total number of staff including the proprietor			
Full time: <input type="text"/>	Part time: <input type="text"/>	YES	NO
Does the premises have sit in dining?		<input type="checkbox"/>	<input type="checkbox"/>
Does the premises have a license to sell liquor?		<input type="checkbox"/>	<input type="checkbox"/>
Is tobacco sold?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a tobacco vending machine?		<input type="checkbox"/>	<input type="checkbox"/>

Main contact for the business (if not the proprietor)

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address		Suburb & postcode
<input type="text"/>		<input type="text"/>
Contact numbers		
Business: <input type="text"/>	Mobile: <input type="text"/>	
Email		
<input type="text"/>		

Food Classification

Following discussion with the Council about your food handling practices, select your food premises classification below as advised by Council's Environmental Health Officer

Classification	Class 1	<input type="checkbox"/>	Class 2	<input type="checkbox"/>	Class 3	<input type="checkbox"/>
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Food Safety Supervisor declaration (class 1 & 2 only)

- By ticking this box, I acknowledge that an appropriately qualified food safety supervisor has been appointed for the premises as required under the Food Act 1984

Nominated Food Safety Supervisor (class 1 & 2 only)

PLEASE NOTE: Please provide copies of an accredited Food Safety Supervisor training certificate with this application or evidence to demonstrate training has been arranged.

Title

First name

Surname

Residential address

Suburb & postcode

Contact numbers

Business:

Mobile:

Email

Standard Food Safety Program (class 1 & 2 only)

Do you have a standard food safety program? YES NO

- Food safety program template for class 2 retail & food service
(www.health.vic.gov.au/foodsafety/bus/programs.htm)
- Food smart
(www.foodsmart.vic.gov.au/FoodSmartWeb/)
- Other approved registered template
Template name:

Food Safety Program declaration (class 1 & 2 only)

- By ticking this box, I acknowledge and will ensure the appropriate FSP template will be kept on the premises and records retained for at least 2 years from creation.

Minimum records declaration (Class 3 only)

- By ticking this box, I acknowledge and will ensure the appropriate minimum records required under the Food Act 1984 will be kept at the premises and retained for 1 year from creation.

Proposed (buying) proprietor declaration

- By ticking this box, I understand that:
The information provided in this application is true and complete to the best of my knowledge. This application is a legal document and penalties exist for provide false or misleading information.

Selling proprietor/s signature

If the business is owned by a sole trader or a partnership, the proprietor/s must sign and print names
If the business is owned by a company or association, an authorised signatory may sign on behalf of that body

Signature of selling proprietor 1

Date

D	D	M	M	Y	Y
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Print name

Signature of selling proprietor 2

Date

D	D	M	M	Y	Y
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Print name

Company signatory

Date

D	D	M	M	Y	Y
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Print name

Buying proprietor/s signature

If the new proprietor is a sole trader or a partnership, the proprietor/s must sign and print names
If the new proprietor is a company or association, an authorised signatory may sign on behalf of that body

Signature of new proprietor 1

Date

D	D	M	M	Y	Y
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Print name

Signature of new proprietor 2

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Print name

Company signatory

D	D	M	M	Y	Y
---	---	---	---	---	---

Print name

Please note: Transfer is not official until Council has approved the application and issued a transfer certificate

Transfer fees

Please contact Council's Health Services for the transfer fee applicable to your business or refer to www.whittlesea.vic.gov.au. An invoice will be issued to the applicant of this form. Please note: This application will not be processed until payment has been received

Free Telephone Interpreter Service

العربية	9280 1904	Italiano	9280 1905	ਪੰਜਾਬੀ	9280 1907	Tiếng Việt	9280 1901
Ελληνικά	9280 1902	Македонски	9280 1905	தமிழ்	9280 1907	Other	9280 1907
हिंदी	9280 1907	简体中文	9280 1904	Türkçe	9280 1903		

Privacy statement

Council is collecting the information on this application for the purpose of administration and enforcement of the Food Act 1984. The information will be used solely by Council for the primary purpose or directly related purposes. As required under Section 43 of the Food Act 1984, this information will be kept in a register (computerised database). In accordance with section 43(3), a copy of this information must be made available free of charge to any person who requests it. You may access this information by contacting Health Services on 9217 2277.