



APPLICATION TO TRANSFER A FOOD PREMISES FOOD ACT 1984

PROPOSED NEW PROPRIETOR DETAILS

Title:..... Given name(s):.....

Surname:.....

Company Name:

Street Address:.....

..... Postcode:.....

Postal Address:

..... Postcode:.....

.....

Business Phone: Mobile Phone: After Hours Phone:

Email Address:

PREMISES DETAILS

Existing Trading Name:.....

Proposed New Trading Name:.....

Premises Registration Number:..... Expiry Date:.....

Street Address:.....

..... Postcode:.....

Contact at Premises (if not the proprietor):.....

.....

Business Phone: Mobile Phone: After Hours Phone:

Email Address:.....

Description of Use of Premises:.....

.....

Do you sell Tobacco Products? Yes: No:



EXISTING PROPRIETOR DETAILS

Title:..... Given name(s):.....

Surname:.....

Company Name:.....

Address:.....

..... Postcode:.....

Business Phone:

Mobile Phone:

After Hours Phone:

Email Address:.....

FOOD VEHICLE DETAILS (If applicable)

.....
Registration Number: Make: Model:

At what address is the vehicle garaged when not in use?.....

..... Postcode:.....

FOOD SAFETY SUPERVISOR

Class 1 and Class 2 premises only.

By ticking this box, I acknowledge that I will ensure that there is an appropriate food safety supervisor for the premises

Nominated Food Safety Supervisor:.....

Please note that a food safety supervisor is **not** required if the food premises:

- Has a declared QA food safety program that includes competency based or accredited training for staff of the premises; or
- Is a community group that is exempt from the food safety supervisor requirements.



FOOD SAFETY PROGRAM (FSP)

Class 1 and 2 food premises only.

You must complete either question (1) Standard Food Safety Program or question (2) Non Standard Food Safety Program, depending on the type of program used at your premises.

Q1. Do you have a Standard Food Safety Program? Yes: No:

If NO, proceed to question 2.

If YES, please select the type of FSP and proceed to section: Food Safety Supervisor

Food Safety Program Template for Class 2 Retail and Food Service Businesses

Food Smart (Online)

Other FSP template registered by the Secretary of the Department of Health

.....
Name of program:

.....
Registered number of template:

Q2. Do you have a Non Standard Food Safety Program (Independent FSP)? Yes: No:

Has the premises been audited by an approved food safety auditor? **Yes: No:**

If the answer is NO, please specify when the premises is to be audited.

.....
Date of Audit:

.....
Name of Food Safety Program:

PAYMENT AND LODGMENT DETAILS

This application form can be lodged in person at one of our Library and Customer Service Centres, by post, or emailed to mitchell@mitchellshire.vic.gov.au.

Please visit

https://www.mitchellshire.vic.gov.au/downloads/Services/Building_Planning_Transport/Environmental_Public_Health/Environmental_Health_Fees_2016-17.pdf for the current Fee Schedule for Environmental Health or contact Council on the details listed at the top of this page.



DECLARATION

Class 1, 2, and 3 premises

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information

Class 1 premises only

I have included a copy of the non-standard/independent food safety program **OR:**

I have included a current certificate from an approved food safety auditor indicating that the FSP is adequate (if applicable)

Class 2 premises only

I have included a copy of a current certificate from an approved food safety auditor stating that the FSP meets the requirements of the Act (if available) **OR:**

I have included a copy of the non-standard/independent food safety program (QA system not required)

Class 3 premises only

I will ensure that the appropriate minimum records will be kept as required under the Food Act 1984

If the business is owned by a sole trader or partnership, the proprietor(s) must sign and print name(s)

If the business is owned by a company or associated – the applicant on behalf of that body must sign and print their name

.....
Applicant Signature:

.....
Applicant Signature:

.....
Print Name:

.....
Print Name:

.....
Date:

.....
Date:

Existing proprietor(s) are required to sign and print their name in the declaration.

.....
Existing Proprietor Signature:

.....
Existing Proprietor Signature:

.....
Print Name:

.....
Print Name:

.....
Date:

.....
Date:



PRIVACY STATEMENT: *Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989 or other relevant legislation. The personal information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations, if required by legislation. The applicant understands that the personal information provided is for the above purpose and that he/she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.*

F:\CorpServ\RiskComp\EnviroHealth\Environmental Health\Current Forms and Procedures
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