

## Application for transfer of registration of a food premises

### Food Act 1984

I/we the undersigned hereby apply to transfer the registration of the premises hereunder described:

<b>Premises trading name</b>		
<b>Premises trading address</b>		
<b>Premises contact details</b>	Phone:	Mobile:
	Email:	
<b>Name of new proprietor</b> (Company/partnership/individual)		
<b>Postal address</b> (Used for all correspondence)		
<b>New proprietor contact details</b>	Phone:	Mobile:
	Email:	
<b>Contact person at premises</b> (If not proprietor)		
<b>Contact person details</b>	Phone:	Mobile:
	Email:	
<b>Signature of new proprietor:</b>	<b>Signature of new proprietor:</b>	
<b>Print name:</b>	<b>Print name:</b>	
<b>Date:</b>	<b>Date:</b>	

<b>Former premises trading name</b> (if different)	
<b>Former premises trading address</b> (if different)	

I/we the undersigned as the current proprietor of the premises described, hereby consent to the transfer of registration under the Food Act 1984.

<b>Signature of former proprietor:</b>	<b>Signature of former proprietor:</b>
<b>Print name:</b>	<b>Print name:</b>
<b>Date:</b>	<b>Date:</b>

**Further Details of New Proprietor:**

<b>Type of food premises</b> (Café, bakery, supermarket, etc)													
<b>Please indicate the description that best describes your business</b> (Final classification will be advised by Council)	<input type="checkbox"/> <b>CLASS 1</b> I handle un-packaged high risk foods for sale to residents of an aged or child care facility. <input type="checkbox"/> <b>CLASS 2</b> I handle un-packaged high risk foods that require temperature control for sale to the general public. Community group handling ready to eat high risk foods being stored under temperature control before serving <input type="checkbox"/> <b>CLASS 3</b> I handle pre-packaged high risk foods that require temperature control and/or un-packaged low risk foods for sale to the general public. Community group handling high risk foods that are cooked and served immediately and/or low risk un-packaged foods.												
<b>Food Safety Program (Class 1 and 2 only)</b>	<input type="checkbox"/> Department of Health Template for Class 2 Premises <input type="checkbox"/> Food Smart (online) Template for Class 2 Premises <input type="checkbox"/> Community Group Temp/Mobile Class 2 Premises template <input type="checkbox"/> Independent - 3rd Party Audited <input type="checkbox"/> Department of Health Class 3 Premises Minimum Records <input type="checkbox"/> Other - Please specify:												
<b>Name of Food Safety Supervisor (Class 1 and 2 only)</b>	<input type="checkbox"/> Proof of qualifications for this Food Safety Supervisor has been provided to Council. If not a copy must be submitted with this application												
<b>Are you a community group?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>Days and times of operation</b>	<table border="1"> <thead> <tr> <th>N/A</th> <th>Days</th> <th>Open time</th> <th>Close time</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	N/A	Days	Open time	Close time								
N/A	Days	Open time	Close time										
<b>Do you sell tobacco? If yes, do you have a vending machine?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>Do you offer outdoor dining?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>Is there a vehicle associated with the business?</b> (Including delivery vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No Registration Number: Make/Model:												
<b>*Do you sell food from a temporary/mobile premises associated with the business?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No * If Yes, you need to register with <i>Stretrader</i> –ask for details												

**Checklist**

- Proof of FSS attached
- Copy of the FSP (if not DH or Food Smart template) attached
- All parties have signed form
- Fee for application submitted

**Other Council department considerations**

- Regulatory Services Department – Footpath trading permit (chairs, signage/goods for sale)
- Planning Department consulted – Permits (use of building, signage on building)
- Building Department – Permits (significant building works)

OFFICE USE (AUTH: Transfer registration #120)		
<b>Fee payable:\$</b>	Registration No.:	
Receipt No:	Date paid:	Amount paid: