

# Application to Transfer an existing Food Premises

**(ALL SECTIONS MUST BE COMPLETED)**

The Food Act 1984 (the Act) regulates the sale of food for human consumption in Victoria. If your business sells food you must either register with, or notify, the council where the premises is located. Regulatory requirements are matched to the level of food safety risk associated with food handling activities at the premises. If you plan to alter the type of food handled at the premises, you should discuss this with the council as it may alter your food premises classification.

★ **PLEASE PRINT CLEARLY**

## VENDOR DETAILS OF PREMISES

I/We, the undersigned proprietor/s hereby apply to transfer the registration, under the provisions of the Food Act 1984 for the premises described hereunder.

### Current Trading name of premises (Business Trading Name)

### Premises address (Business Location)

Street Number  Street Address

Suburb/Town  State  Postcode

## VENDOR DETAILS

### Current Proprietor/Licencee 1 (if business is run by a company, specify name of person completing the application)

Title  Surname  Given name(s)

### Current Proprietor/Licencee 2

Title  Surname  Given name(s)

Company Name (if applicable)

ABN/ACN

Street Number  Street Address

Suburb/Town  State  Postcode

Business phone  Mobile

Email

## VENDOR'S SIGNATURE

Full name/s MUST be printed clearly

**NAME**  **SIGNATURE**  **Date** / /20

**NAME**  **SIGNATURE**  **Date** / /20

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## PURCHASER DETAILS

**Will this business be operated by a person or partnership?**

**NEW Proprietor/Licencee 1** ABN no: (Australian Business Number)

Title  Surname  Given name(s)

**NEW Proprietor/Licencee 2**

Title  Surname  Given name(s)

(This address will be used for all correspondence/mail)

Street Number  Street Address

Suburb/Town  State  Postcode

Business phone  Mobile

Email

**OR**

**Will this business be operated under a company?**

**Company Name**

**ACN no: (Australian Company Number)**

(This address will be used for all correspondence/mail)

Street Number  Street Address

Suburb/Town  State  Postcode

Business phone  Mobile

Email

## CONTACT PERSON DETAILS

**Contact person**  **Contact number**

**Email Address**

## PREMISES/BUSINESS DETAILS

**Trading name of premises (Business Trading Name)**

**Premises address (Business Location)**

Street Number  Street Address

Suburb/Town  State  Postcode

Business phone  Mobile

**Type of food premises** (Must specify eg: café, restaurant)

**Brief description of food being prepared/sold**

**Does your premises:** Sell Tobacco  Licence to sell alcohol  Outdoor street dining  A Frame sign

**Trading Hours**

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
_____AM	_____AM	_____AM	_____AM	_____AM	_____AM	_____AM
_____PM	_____PM	_____PM	_____PM	_____PM	_____PM	_____PM

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## FOOD SAFETY PROGRAM (FSP) – CLASS 1 & 2 ONLY

**CLASS 2 ONLY –**

- Food Safety Program Template for Class 2 Retail & Food Service Businesses No.1 Version 2 or 3
- Food Smart (online FSP)
- Other FSP template registered by the Secretary of Department of Health (11)

Name of Program  Registered number of template

**CLASS 1 AND SOME CLASS 2 PREMISES –**

- Non Standard Food Safety Program (Independent FSP) (12)

Provide details of who will audit your premises and program – Auditor  Auditor ID

**Please note: Environmental Health Officers may request a copy of your Food Safety Program**

## FOOD SAFETY SUPERVISOR (FSS) – CLASS 1 & 2 ONLY

**Food Safety Supervisor (FSS) Details –**

Surname  Given name (s)

Address of FSS *(Cannot be the business trading address)*

Phone  Email

- **A copy of FSS Statement of Attainment MUST be attached**

## DECLARATION

**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

## SIGNATURE OF NEW PURCHASER

**Full name/s MUST be printed clearly**

**Name**  **Signature**  **Date** / / 20

**Name**  **Signature**  **Date** / / 20

If signing of behalf of a company please specify your position -

## PROPOSED TRANSFER DATE

- ★ Application to transfer **MUST** be submitted 15 business days prior to settlement.
- A Certificate of Transfer will be issued once settlement has occurred.

**Proof of settlement MUST be in writing in order to release transfer certificate.**

FEES - for fees contact Environmental Health on 03 5471 1700

(Please allow a minimum of 15 business days for processing) **PROPOSED SETTLEMENT DATE** / / 20

## How to pay and lodge your application (Applications will NOT be processed without payment)

<p><b>In person -</b> Mount Alexander Shire Council Corner Lyttleton Street &amp; Lloyd Street CASTLEMAINE VIC 3450 Office hours – 8.30am – 5pm Monday to Friday</p>	<p><b>By mail/post –</b> Return with cheque/money order to – Environmental Health Mount Alexander Shire Council PO Box 185 CASTLEMAINE VIC 3450</p>
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**PLEASE NOTE: If this premises has an A-Frame and/or Outdoor Street Dining please also contact Local Laws on (03) 5471 1700**

**Disclaimer**

Mount Alexander Shire Council will only use the personal information you provide in or with this form for matters relating to your registration in accordance with the information Privacy Act 2001 (Vic) and Mount Alexander Shire Council Privacy Policy.