

Application to Transfer the Registration of a Food Premises

Food Act 1984

Warrnambool City Council

(03) 5559 4800

www.warrnambool.vic.gov.au

Questions marked with an asterisk (*) are mandatory and must be completed.

CURRENT Proprietor Details

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

Proprietor (If the proprietor is a partnership rather than sole ownership, both names should be listed. If the proprietor is a company or an organisation, the company name should be listed).

Title * Surname * Given Name(s)*

Proprietor 2 (if applicable)

Title * Surname * Given Name(s)*

Company Name (if applicable)

Company ABN * Company ACN

Address

Street address / postal address *

Suburb / Town * State * Postcode *

Please provide at least one phone number and include the area code *

Business phone Home phone Business fax Mobile

Email

PROPOSED NEW Proprietor Details

Proprietor (If the proprietor is a partnership rather than sole ownership, both names should be listed. If the proprietor is a company or an organisation, the company name should be listed).

Is this business to be registered as a company or an individual(s) Company Individual (s)

Title * Surname * Given Name(s)*

Proprietor 2 (if applicable)

Title * Surname * Given Name(s)*

Company Name (if applicable)

Company ABN

Company ACN

Address

Street address / postal address *

Suburb / Town *

State *

Postcode *

Please provide at least one phone number and include the area code *

Business phone

Home phone

Business fax

Mobile

Email

Premises Details

Trading name of premises *

Premises Address

Street address / postal address *

Suburb / Town *

State *

Postcode *

Contact Person at Premises (if different from proprietor)

Title * Surname * Given Name(s)*

Please provide at least one phone number and include the area code *

Business phone

Home phone

Business fax

Mobile

Email

Please select your food premises classification:

Class 1 - Food being prepared or served exclusively for people or patients in an:

- Aged care service
- Hospital
- Childcare
- Meals on wheels service

Class 2 – Food premises selling or handling unpackaged food requiring temperature control.

- Café's, deli's, takeaway premises, restaurants
- Business manufacturing high risk products that require refrigeration such as cakes containing cream, custard, homemade ganache
- Other food business handling unpackaged high risk food

- Community group – Food is cooked, refrigerated and then re-heated or food served does not involve a kill step such as home-made mayonnaise - Non-profit, all food handlers are volunteers

- Sporting Club / Canteen – Community groups such as volunteer run school canteens, sporting club canteens, sporting / community type kitchens used on occasional basis

Class 3 - Food premises selling or handling unpackaged food that does not require temperate control and/or pre-packaged food requiring temperature control

- Pre-packaged food that requires temperature control
- Un-packaged food that does not require temperature control
- Re-packaging food that does not require temperature control
- Greengrocer that only sells cut fruit, vegetables &/or packaged food
- Business selling low risk baked products that do not require refrigeration such as cakes without cream, custard
- Wholesaler / distributor of food - food is sold to other food businesses.

- Community group – Cooked on site and served immediately -Non-profit, all food handlers are volunteers

- Sporting Club / Canteen - Community groups such as volunteer run school canteens, sporting club canteens, sporting / community type kitchens used on occasional basis

Food Safety Program

Which food safety program will you be using:

Standard food safety program:

Department of Health Food Safety Program Template for Class 2 food business

Other Standard Food Safety program registered and approved by the Department of Health

Name of program:

Non-standard food safety program:

QA food safety program

Name or code:

Does the FSP include competency based or accredited training for staff of the premises? Yes No

Other non-standard food safety program:

Name of program:

Food Safety Supervisor

Name of Food Safety Supervisor (class 1 and 2 only):

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

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 – must be non-profit, run by volunteers and must not operate for more than 2 consecutive days.

Required documents

Food Safety Supervisor Certificate (class 1 and 2 only)

Any other supporting documentation – floor plans, menu, description of operations.

Non-standard food safety program requirements:

A copy of the food safety program

A copy of the certificate from a food safety auditor stating that the food safety program meets the requirements of section 19D

Or date of next audit:

Transfer Payment Details

Please contact Council to confirm fee for this application.

Lodgement

Return with Payment to:

Environmental Health
Warrnambool City Council Telephone (03) 5559 4800
PO Box 198 Fax (03) 5559 4900
Warrnambool VIC 3280 Website: www.warrnambool.vic.gov.au

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
- I am over 18 years at the time of completing this application

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 association – the applicant on behalf of that body must sign and print their name.

CURRENT Proprietor

Signature	Signature
Print Name	Print Name
Date	Date

PROPOSED NEW Proprietor

Signature	Signature
Print Name	Print Name
Date	Date

Proposed transfer date:

Office Use Only	Receipt Date:	Receipt #	Amount:	CSO Initials:
Account Number: 230000-1342-41158				



Warrnambool City Council Name & Address Register (NAR)

Request for the Creation of a New Record – **NEW PROPRIETOR**

Council is collecting the information on this form so that it may consider your application. The information is only used by Council for this purpose and will not be disclosed unless required by law.

HEALTH UNIT

Please complete all the following details:

Trading Name of Business

.....

Business details:

Telephone: (Business).....(fax).....(mobile).....

Email address.....

Postal Service Address.....

Town..... State..... Postcode.....

Business Address (if different to service).....

Town..... State..... Postcode.....

If applicable:

ABN.....

ACN.....

Print Name..... Date.....

Signature of applicant..... Date.....

OFFICE USE ONLY

Print Name of Officer Submitting: Date

NARO: Print name..... Date.....

PLEASE SEND NEW DEBTOR NUMBER TO HEALTH UNIT

Civic Centre 25 Liebig Street
Website www.warrnambool.vic.gov.au
Warrnambool Victoria Australia
PO Box 198 Warrnambool VIC 3280

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