

Application for Transfer of Registration of Food Premises / Vehicle

Food Act 1984



MORNINGTON
PENINSULA
Shire

Applicant/Solicitor Details

APPLICANT/SOLICITOR DETAILS

Applicant name:

Applicant address:

Email:

Phone number:

Ensure that at least one contact phone number is provided and include the area code

Signature/s:

Date:

Current Proprietor Details

CURRENT PROPRIETOR DETAILS

Name:

Address:

Address of food premises:

Current trading name of premises:

Email:

Phone number:

Ensure that at least one contact phone number is provided and include the area code

Signature/s:

Date:

Proposed proprietor details

PROPOSED PROPRIETOR DETAILS

Type of proprietor: Company Sole Trader Partnership

Name of company: ABN

If proprietor is a company, provide the name and position of authority of the person signing this document

Name: Authority e.g. Director

Name of person (if not a company)

Title Family Name Given names

Proprietor postal address:
(includes company address if applicant is a company)

Contact numbers (ensure that at least one contact phone number is provided and include the area code):

Bus A/H Fax Mob

E-mail *(must be provided)*

Detail of premises

Trading name of premises:
Type of Business e.g. Cafe:

FOOD PREMISES CLASS : 1 2 3 4 for assistance determining Class refer to site below:

<http://health.vic.gov.au/foodsafety/foodclass/index.htm>

Class 1 Only: Name of DHHS Approved Food Auditor	<input type="text"/>
Class 1 or 2 : Title of your Food Safety Program <i>(Please include the title of your Approved Food Safety Program template or a copy of your Independent Food Safety Program with your application)</i>	<input type="text"/>
Class 1 or 2 :Name of Your Food Safety Supervisor <i>(please attach copy of Food Safety Supervisor Training certificate with application)</i>	<input type="text"/>
Food Vehicle Only please provide : Make/Model	<input type="text"/>
Food Vehicle RTA Registration Number:	<input type="text"/>
Address where the vehicle is normally garaged:	<input type="text"/>

Required Supporting Information and Documentation

- Complete all fields on the application form and sign
- Application fee paid or enclosed
- Have you a photo copy of the driver's license (both sides) of proposed proprietor/s?*(submit with application)*
- If registering under a company name, print out of company detail from ASIC. *(submit with application)*
- Have you contacted the Shire's Statutory Planning Department to determine if any permits or restriction apply to the property?
- Have you contacted a private Building Surveyor to determine if any permits or restriction or works are required under the Building Code?
- Have you completed scaled plans that comply with Australian Standard Design, Construction and Fit-out of Food Premises AS 4674-2004? *(submit with application)*
- Have you completed a menu and a brief description of your business *(submit with application)*
- Have you contacted South East Water to discuss food interceptors & trade waste requirements?
- Have you provided details of your Food Safety Program *(if class 1 or 2 business)*
- Have you a copy of the Food Safety Supervisor Training Certificate *(if class 1 or 2 business)* *(Submit with application)*

If you are proposing commercial activities on footpaths (tables & chairs etc.), have you contacted the Shire's Economic Development Unit?	<input type="checkbox"/>
If you are proposing a mobile or temporary premises have you visited Streatrader: https://streatrader.health.vic.gov.au/public_site	<input type="checkbox"/>
If proposing a mobile or temporary premises have you reviewed the Shire's Itinerant Trading Policy? http://www.mornpen.vic.gov.au/About-Us/Business-Economy/Permit-Information/Mobile-Food-Vans	<input type="checkbox"/>

Further Information

Further information and a Food Safety Program template can be found at the DHHS website:
<http://www.health.vic.gov.au/foodsafety/bus/programs.htm>

Have you visited the Shire's website, specifically:
<http://www.mornpen.vic.gov.au/About-Us/Business-Economy/Business-Programs/Food-Safety-for-Business>
to begin to understand your responsibilities regarding food safety?

Declaration

I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge and that this application forms a legal document and penalties exist for providing false or misleading information.

Authorised person (on behalf of company)/
Proprietor (primary contact) signature

Date

Please note that this application for Food Act 1984 registration is NOT a:

1. Planning Permit or Planning Application (Contact the Shire's Statutory Planning Unit)
2. Building Permit or Building Permit Application (Contact the Shire's Statutory Building Unit or a Private Building Surveyor)
3. Footpath Trading Permit or Footpath Trading Application (Contact the Shire's Economic Development Unit)
4. Itinerant Traders permit or Itinerant Traders Application (Contact the Shire's Economic Development Unit)
5. Temporary Food Permit or Temporary Food Permit Application (Register on Streatrader on-line database at https://streatrader.health.vic.gov.au/public_site)
6. Wastewater Disposal Consent or Wastewater Disposal Consent Application (Contact the Trade Waste Unit at South East Water on phone 131 694)

Advice should be sought from each Council Unit or Company as required

Submission of application and registration fees

For current Application Fee: Please Refer to the 'Environmental Health Fee Schedule'

Privacy statement

The information on this form is being collected by the Mornington Peninsula Shire and its authorised contractors in accordance with its Privacy Policy and the Privacy & Data Protection Act 2014 for the purpose of transfer of registration of a food premise/vehicle and providing information to business operators concerning legislative requirements.

You may access personal information you have provided to the Shire at any time and make corrections by contacting the Shire's Privacy Officer privacy@mornpen.vic.gov.au The Shire will use this information for the purpose it was collected and may use it for a secondary, related purpose that could be reasonably expected.

Office Use Only: (Quick Code 007) Amount Paid _____ Receipt Number: _____
Date Received _____ Registration Number _____