



**APPLICATION FOR TRANSFER OF REGISTRATION
FOOD ACT 1984
Class 3**

Premises Details

Current Trading Name	
Proposed Trading Name (if applicable)	
Address	
Intended Settlement Date	
Business Type	<input type="checkbox"/> Storage Warehouse <input type="checkbox"/> Retail Food Sales <input type="checkbox"/> Food Manufacturer <input type="checkbox"/> Other (specify):
No. of Employees (EFT)	
Total Floor Area (in m ²)	
Is There a Sit-In Dining Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is There an Outdoor Dining Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sale of Tobacco Products	<input type="checkbox"/> Yes → Tobacco Vending Machine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Liquor Licence	<input type="checkbox"/> Yes → <input type="checkbox"/> On Premises Licence <input type="checkbox"/> No <input type="checkbox"/> General Licence

New Proprietor (The Applicant)

A proprietor may be an individual person, or a partnership (more than one individual person), or an organisation (eg a company registered under the Corporations Act 2001, or a club/association, etc).

Individual and/or Partnership Registration

Full Name	
Address	
Partner Full Name	
Address	
ABN	

Organisation Registration (If you are registering as a Company)

Name of Organisation	
Address	
ACN (if applicable)	
ABN	

Please provide a copy of your ABN certificate with this application

Contact Details (The Applicant)

Contact Person	
Mailing Address	
Telephone (Business Hours)	
Telephone (After Hours)	
Telephone (Mobile)	
Facsimile	
Email	

Email address is required for renewal of registration via our e-health portal

Food Safety Records

Class 3 premises are required to keep minimum records of the food business activities. The proprietor of the class 3 premises must ensure that the required records are kept at the premises to which they relate.

However, should your business activity be modified to incorporate the preparation and handling of high risk foods your business will be re-classified to reflect a class 2 food business. Class 2 food business must have a Food Safety Program and nominate a Food Safety Supervisor. Please contact Hobsons Bay City Council's Public Health Unit on 9932 1504 to discuss.

Applicant Signature

Where more than one individual is listed as the applicant, each individual must sign this application. Where an organisation is listed as the applicant, an authorised person must sign.

I/we the undersigned, hereby apply to transfer the registration for the premises under the Food Act 1984 for the current registration period:

Applicant 1	Full Name		Date	____/____/____
	Signature			
	Company position (if applicable)			
Applicant 2	Full Name		Date	____/____/____
	Signature			

Consent of the Current Registered Proprietor

Where more than one individual is registered as the proprietor, each individual must sign this application. Where an organisation is registered as the proprietor, an authorised person must sign.

I/we,

Organisation Name (if applicable)	
Proprietor Name/s:	(1)
	(2)

being the current registered proprietor(s) of the premises at:

Address	

within the City of Hobsons Bay, hereby consent to the transfer of registration under the Food Act 1984, to the applicant.

Proprietor Signature/s:	(1)
	(2)
Company position: (if applicable)	
Date:	____ / ____ / ____

Privacy Statement

The Council is collecting this information under the requirements of the Food Act 1974 for enforcement and public health purposes. It may be provided to the Department of Health and Human Services for the same purposes and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Health and Human Services Privacy Principles and the Privacy and Data Protection Act 2014.

Hobsons Bay City Council

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