

APPLICATION FOR CHANGE OF OWNERSHIP FOOD ACT 1984

FORM VALID FROM 1 JULY 2023 TO 30 JUNE 2024



SECTION 1 - TO BE COMPLETED BY THE NEW PROPRIETOR

PROPRIETOR DETAILS - IF REGISTERING AS A COMPANY

Company Name

Company Contact Given Names Family Name

Position

Postal Address

Postcode

Mobile Phone

Email

PROPRIETOR DETAILS - IF REGISTERING AS A SOLE TRADER/PARTNERSHIP

Given Names Family Name

Postal Address

Postcode

Mobile Phone

Email

PREMISES DETAILS

New Trading Name Registration No.

Previous Trading Name

Address of Food Premises

Postal Address

Postcode

ABN

Premises Phone No.

Trading Days (e.g. Mon-Fri)

Hours of Operation (e.g. 9am-5pm)

Is tobacco sold?

Does the premises have a liquor Yes No Vending Machine only

licence? Yes No Type

OFFICE USE ONLY

Fee paid \$	Date processed	DM#
Registration FA -	SEHO/EHO	

SECTION 2 - CLASSIFICATION

Following discussion with council about your food handling activities select your food premises classification, below, as advised by your council:

Food Premises Classification Class 1 Class 2 Class 3A Class 3

If your food premises is classified as a class 1 or 2, go to section 3.

If your food premises is classified as a class 3, go to section 4.

SECTION 3 - FOOD SAFETY PROGRAM (FSP) FOR CLASS 1 AND 2 PREMISES ONLY

You must complete either:

Q1 Standard Food Safety Program or

Q2 Non Standard Food Safety Program, depending on the type of program used at your premises.

Q1. Do you have a Standard Food Safety Program?

Yes NA exempt

No

Go to Q2 

Specify the type of Food Safety Program

Food Safety Program Template for Class 2 Retail & Food Service Businesses No. 1. Version 3

Food Smart (Online)

Other FSP template registered by the Secretary of Department of Health

Name of Program

Registered No. of Template

Go to section 5: Food Safety Supervisor

Q2. Do you have a Non Standard Food Safety Program (Independent FSP)?

Yes

Name of Food Safety Program

No

Has the premises been audited by an approved food safety auditor?

Yes

No

Specify when the premises is to be audited.

Date of audit

Go to section 5: Food Safety Supervisor

SECTION 4 - RECORDS FOR CLASS 3 PREMISES ONLY

By ticking this box, I acknowledge that I will ensure that the appropriate minimum records required under the Food Act for the premises will be kept.

Note: Only class 3 warehouses and distribution centres are required to keep records.

SECTION 5 - FOOD SAFETY SUPERVISOR FOR CLASS 1, 2 AND 3A PREMISES ONLY

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

This nominated Food Safety Supervisor has the ability and authority to supervise other people who handle food in my business. Should my Food Safety Supervisor change, I agree to nominate another Food Safety Supervisor and notify Council in writing within 7 days of the new details (name, qualifications and experience).

FOOD SAFETY SUPERVISOR (FSS) CONTACT DETAILS (PERSON)

Given Names Family Name
Phone Email

SECTION 6 - FOOD RECALL/EMERGENCY CONTACT (FRC) DETAILS (PERSON)

Please tick if same as above

Given Names Family Name
Phone Email

SECTION 7 - 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

If the business is owned by a sole trader or a 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.

TO BE COMPLETED BY THE PROPRIETOR

Signature (applicant)

Print Name Date

Signature (applicant)

Print Name Date

Where the applicant is a company, the signature must be of an authorised officer of that company.

Date of settlement

PAYMENT DETAILS

Amount to pay		
The cost of registration for a:		
		\$
(Size)	(Classification)	

ONLINE PAYMENTS ARE HERE

In order to provide you with a more secure and streamlined service, we have introduced online payments for this type of application.

Upon submission of your completed form, you will receive a payment link via email. Payment can then be made online by credit card only.

Once payment is received your application will progress.

FURTHER INFORMATION

Telephone enquiries: (03) 9658 8831

MAIL

Health and Wellbeing Branch
City of Melbourne
GPO Box 1603
Melbourne VIC 3001

EMAIL

health@melbourne.vic.gov.au

FEE SCHEDULE FOR CHANGE IN OWNERSHIP OF EXISTING FOOD BUSINESS

	SMALL	MEDIUM	LARGE
CLASS 1	\$760	\$830	\$950
CLASS 2	\$760	\$830	\$950
CLASS 3/3A	\$660	\$770	\$840

This information is collected under the requirements of the Food Act 1984/ Public Health and Wellbeing Act 2008 for enforcement and public health purposes. It may be provided to the Department of Health & Human Services (DHHS) for the same purposes, and for statistical purposes related to the application of the Acts. It will be treated in compliance with the Privacy and Data Protection Act 2014 (PDPA) and the Information Privacy Principles contained in Schedule 1 of the PDPA. It will also be used to contact you concerning food safety initiatives, education and training provided by the City of Melbourne. Council will take all necessary measures to prevent unauthorised access to or disclosure of your personal information and will not disclose it to any external agencies unless required or authorised by law.

For details of external organisations to whom this personal information may be disclosed and to find out how to access or modify any personal information you have supplied please see Council's Privacy Policy Statement at melbourne.vic.gov.au