



Wyndham City Council

PO Box 197

WERRIBEE VIC 3030

Ph: 03 9742 0777

[Wyndham City Council Website](#)

# Application to Transfer a Food Premises

Food Act 1984  
HLF \_\_\_\_\_

Council Use Only	
Lodgement Date:	<input type="text"/>
Receipt Number:	<input type="text"/>
Lodgement Officer:	<input type="text"/>

**PROCESSING TIME: 5 WORKING DAYS**

## COUNCIL SPECIFIC INFORMATION

Please use this form to notify Wyndham City Council of your intent to register a Food Premises. Please note the registration is not official until Wyndham City Council has approved the application.

## PRIOR TO FILLING OUT THIS FORM

An Authority to Disclose Information & Documents form must be submitted prior to completing the Application to Transfer a Food Premises form. To obtain this form contact the Environmental Health Unit on 03 9742 0777 or [Click here](#) to obtain a copy of the Authority to Disclose Information & Documents from Wyndham's Website.

## CURRENT BUSINESS OWNER/PROPRIETOR DETAILS

*Fields marked with an asterisk (\*) are mandatory and must be completed*

Title\*  Mr  Mrs  Ms  Other (please specify)

Surname\*  Given Name(s)\*

Company Name (if applicable)   
*Company name should end with Pty Ltd  
eg: Hair & Makeup Pty Ltd*

ABN\*

ACN (if applicable)

Street Address/Postal Address\*  Suburb/Town\*  State\*  Postcode\*

*Please provide at least on phone number and include area code\**

Business Phone  After Hours Phone  Business Fax  Mobile

Email address

## NEW BUSINESS OWNER/PROPRIETOR DETAILS

Fields marked with an asterisk (\*) are mandatory and must be completed

Title\*  Mr  Mrs  Ms  Other (please specify)

Surname\*  Given Name(s)\*

*\*If the proprietor/business owner is a company or association, specify name of person completing the application and authority (eg. Director of Company)*

Authority eg: Director of company

Company Name (if applicable)   
*Company name should end with Pty Ltd  
eg: Hair & Makeup Pty Ltd*

ABN\*

ACN (if applicable)

Street Address/Postal Address  \*Suburb/Town\*  State\*  Postcode\*

*Please provide at least on phone number and include area code\**

Business Phone  After Hours Phone  Business Fax  Mobile

Email address

Primary Language spoken at the premises\* *(to assist with communication in the future)*

## SECONDARY CONTACT DETAILS

Please provide council with a secondary contact person who council can contact if business owner cannot be contacted

Fields marked with an asterisk (\*) are mandatory and must be completed

Title\*  Mr  Mrs  Ms  Other (please specify)

Surname\*  Given Name(s)\*

Street Address/Postal Address\*  Suburb/Town\*  State\*  Postcode\*

*Please provide at least on phone number and include area code\**

Business Phone  After Hours Phone  Business Fax  Mobile

Email address

## PREMISES DETAILS

Business Trading Name

### PREMISES ADDRESS

Street Address/Postal Address\*

Suburb/Town\*

State\*

Postcode\*

*Please provide at least on phone number and include area code\**

Business Phone

After Hours Phone

Business Fax

Mobile

Email address

Proposed Settlement date:

### BUSINESS TYPE

Please select one of the following:

Home Business

Commercial Business

### **If your business is a home based food premises please answer the following questions:**

How will the food be sold: (ie at markets/festivals, delivered to customers, food will be picked up from the home)

Does the premises meet the home occupation checklist? (*refer to attached checklist*)

YES

NO

**PLEASE NOTE:** If you are planning on selling food at an event or market, you will also need to register with Streatrader. For further information regarding Streatrader please contact the Environmental Health Unit on 9742 0738 or visit the [Streatrader Website](#)

## BUSINESS CLASSIFICATION

### **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*

Please list the types of food sold below:

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

- Café's, deli's, takeaway premises, restaurants*
- Home business manufacturing high risk products that require refrigeration such as cakes containing cream, custard, homemade ganache*
- 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 - No restaurant or gaming - Not for profit community groups such as volunteer run school canteens*
- Other food business handling unpackaged high risk food*

Please list the types of food sold below:

**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*
- Home 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 - No restaurant or gaming - Not for profit community groups such as volunteer run school canteens*

Please list the types of food sold below:

## FOOD SAFETY PROGRAM

Which food safety program will you be using:

### Class 2 food premises only

- Department of Health Food Safety Program Template for Class 2 food business
- Other Food Safety program registered and approved by the Department of Health

Name of Food Safety Program

Registered Template Number

### Class 1 (and other third party audited) food premises

- Non Standard Food Safety Program (Independent FSP)

## FOOD SAFETY SUPERVISOR

### Class 1 and 2 food premises only

Name of Food Safety Supervisor

*\*please attach a certificate of competency*

### **Accepted Course Codes**

#### **Hospitality - Businesses such as restaurants, cafes and hotels**

- SITXFSA001 'Use hygienic practices for food safety'
- SITXFSA002 'Participate in safe food handling practices'

#### **Health - Businesses such as hospitals, child care centres, aged care centres**

- HLTTFSE001 'Follow basic food safety practices'
- HLTTFSE005 'Apply and monitor food safety requirements'
- HLTTFSE007 'Oversee the day-to-day implementation of food safety in the workplace'

### **Please note:**

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 operates for two consecutive days or less

## FEES

**FOR INITIAL FEES CONTACT COUNCIL ON 03 9742 0738**

Fee:

Date Paid:

Receipt No:

### **How to pay:**

By cash, cheque or credit card – if you know the fee to be paid, include payment when delivering the form by post, fax or in person. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

**Please note:** You will be required to renew your registration on a yearly basis.

## ACKNOWLEDGEMENT

### I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application is 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.

Current Proprietor Signature

New Proprietor Signature

Name of current Proprietor

Name of new Proprietor

Date

Date

## LODGEMENT

If you intend to post or fax this form please use the details provided below:

**Wyndham City Council**

PO Box 197

WERRIBEE VIC 3030

Ph: 03 9742 0777

Fax: 03 9742 6355

Email: [mail@wyndham.vic.gov.au](mailto:mail@wyndham.vic.gov.au)

Website: [Wyndham City Council Website](http://www.wyndham.vic.gov.au)

## PRIVACY

Your personal information is being collected by Wyndham City Council under the laws administered by Local Government. Your information will be stored in Council's Customer Database and used to deliver Council services to you in accordance with Council's Privacy Policy. For further information on how your personal information is handled, visit Council's Privacy Policy at [http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy\\_policy](http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy)