



Environmental Health Unit
311 Glenferrie road MALVERN
PO Box 58
MALVERN 3144
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www.stonnington.vic.gov.au

Application to Transfer Registration of Food Business

APPLICANT DETAILS

Name of Applicant: (must be person or company name – trading name not acceptable)		
Postal Address:		
		Proprietor phone:

BUSINESS DETAILS

Proposed Trading Name:		
Premises Address:		
Type of Premises: (provide information on the nature and volume of food prepared)		
No of full time staff: (or equivalent)	Liquor Licence Y/N <input type="checkbox"/> Club <input type="checkbox"/> On Premises <input type="checkbox"/> General <input type="checkbox"/> Packaged Liquor	Tobacco Sales: Y/N <input type="checkbox"/> Vending machine <input type="checkbox"/> Over the counter

Contact Person:	
Business phone:	Mobile:
Email:	Preferred Language:

FSP DETAILS

<input type="checkbox"/> Standard Template Template name: <small>(e.g foodsmart, DHS template no.1 etc)</small>	<input type="checkbox"/> Non Standard (3 rd Party Audited) Auditor name:	<input type="checkbox"/> FSP exempt (Low risk prepackaged food sales only)
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Food Safety Supervisor Name:

Note: FSP and evidence of FSS qualifications must be submitted with application. Failure to submit required documents will delay transfer of registration.

New Proprietor Signature:	Date:
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CURRENT PROPRIETOR DETAILS

Name:	
I consent for the Food Act registration for the above premises to be transferred to the person named as the applicant above	
Current Proprietor Signature:	Date:

Privacy Statement: The information collected on this form will be used for administration and enforcement of the Food Act 1984 and will be treated in accordance with the Privacy and Data Protection Act 2014.

Office Use Only	
Application Entered:	EHO area:
Application approved:	EHO Name:
Class:	FSP Submitted:
Premises Type:	Registration Number: