



Transfer Registration from One Proprietor to Another

Health Act 1958 & Food Act 1984

To the Frankston City Council Health Department:

Section A: TO BE COMPLETED BY CURRENT REGISTERED PROPRIETORS.

Name of Current Proprietor(s):

Address of premises:

Trading name:

Phone Home:

Mob:

Date:

Signature of current proprietor:

Name of person signing:

Section B: TO BE COMPLETED BY NEW PROPRIETORS

I/We the undersigned, hereby apply for Transfer of Registration of the premises described above.

Name of New Proprietor(s):

Proposed trading name:

Business Phone:

Fax:

Contact person at premises:

Mobile Ph:

Name of Food Safety Supervisor:

Mailing address of new proprietor:

Date:

Signature of current proprietor:

Name of person signing:

Transfer Fee Due: \$0.00

Licence No.:


Privacy Statement


This information is collected under the requirements of the Food Act for enforcement and public health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes relating to the applications of the Act. It will be treated in compliance with the Department of Human Services Privacy Principles and the council's Privacy Policy.

The personal information requested on this form is being collected by Council for the Registration of New Premises permit application. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.

Office Use Only

 **In Person** (cash, cheque, EFTPOS)
Civic Centre, Davey Street, Frankston.
Seaford Shop, 120 Nepean Highway, Seaford.
Langwarrin Shop, Shop 6, Gateway Shopping Centre.

 **By Mail** Send this Application Form with a not negotiable cheque or money order. (DO NOT SEND CASH)

 **By Phone** **Fax application to (03) 9784 10941** for phone credit card payments (Mon to Fri 8:20am-5:00pm)

Transfer Fee Due:	\$0.00
Licence No.:	
Name of new proprietor:	
Address of Premises:	

Account Code: RC