

PURPOSE

This form is to be used to apply for a variation to a registration or transfer ownership of a registration under the *Food Act 2001* (the Act).
You can access the Act and its regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing or varying a registration under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website:

www.health.act.gov.au/hps

General Enquires:

(02) 5124 9700

Email Address:

hps@act.gov.au

Fax Number:

(02) 5124 5554

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- **No fees apply to this application.**
- The original registration certificate (or a copy) must be attached to this application.
- If varying the registration, this application form must be signed by the registration holder.
- If transferring the registration, this form must be signed by both the current registration holder and the new owner.

Registration is issued to the owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the Act.

Accordingly:

- (1) Trusts will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.
- (2) Transfer applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.
- (3) Section G of this application form must be separately completed for each individual listed as an owner.

Extra copies of section G are available at www.health.act.gov.au/hps or by contacting the HPS office.

- All registered food businesses require at least one trained Food Safety Supervisor. Visit <http://www.health.act.gov.au/hps> for further information.
- Complete this form using a black or blue pen only.

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS TO BE RETURNED



In Person:

Health Protection Service
25 Mulley Street
HOLDER ACT 2611



By Post:

Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611



By Fax:

(02) 5124 5554



By Email:

hps@act.gov.au

*If the application is faxed or emailed, please do not
post the original*

REQUIRED INFORMATION <i>(must be completed)</i>		
REGISTRATION NUMBER:	FILE NUMBER:	EXPIRY DATE:
TRADING NAME: <i>(As appears on current registration certificate)</i>		

PARTICULARS OF BUSINESS VARIATION <i>(must be completed)</i>	
<i>Please indicate what you are applying to vary and ONLY complete the sections indicated below.</i>	
<i><u>You must tick (✓) ALL changes that apply.</u></i>	
<input type="checkbox"/> Ownership	<i>Complete section A</i>
<input type="checkbox"/> Trading Name	<i>Complete sections B and G</i>
<input type="checkbox"/> Contact Details	<i>Complete sections C and G</i>
<input type="checkbox"/> Food Safety Supervisor(s)	<i>Complete sections D and G</i>
<input type="checkbox"/> Refurbishment or change of location	<i>Complete sections E and G</i>
<input type="checkbox"/> Change of Operation or Priority Risk Classification	<i>Complete sections F and G</i>

SECTION A – TRANSFER OF OWNERSHIP	
CURRENT REGISTRATION HOLDER DECLARATION	
<i>Must be signed by the <u>current</u> registration holder</i>	
Please transfer this registration to the new owner below.	
SIGNATURE : _____	DATE: / /
FULL NAME:	
POSITION TITLE:	
DATE OWNERSHIP CHANGES TAKE EFFECT: / /	
NAME OF COMPANY (if applicable):	
ACN (if company):	

NEW OWNERSHIP DETAILS FOR A COMPANY <i>(Do NOT complete if the new owner is an individual)</i>	
<i>A copy of the Company's current extract (issued within the previous 30 days) from the Australian Securities and Investment Commission (ASIC) <u>must be attached</u></i>	
COMPANY NAME	
AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation	

NEW OWNERSHIP DETAILS FOR AN INDIVIDUAL <i>(Do NOT complete if you are applying as a company)</i>		
TITLE (Mr, Ms)	GIVEN NAMES	FAMILY NAME

NEW OWNER ADDRESS (If applying as a company – registered company address must be provided)		
<i>(Property Name, Unit, Flat Number, Street Number, Street Name)</i>		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
NEW OWNER POSTAL ADDRESS <i>(If different to above owner address)</i>		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER		MOBILE NUMBER
WORK TELEPHONE NUMBER		EMAIL ADDRESS

ONSITE CONTACT PERSON		
GIVEN NAME:		FAMILY NAME:
BUSINESS PHONE:		MOBILE PHONE:
AFTER HOURS PHONE:		FAX:
EMAIL ADDRESS:		
POSTAL DETAILS – BUSINESS CORRESPONDENCE POSTAL ADDRESS		
STREET NUMBER/PO BOX:		STREET NAME:
SUBURB:	STATE:	POSTCODE:

DECLARATION (MUST BE COMPLETED BY NEW OWNER)
<p>I, _____, confirm that the information supplied is true and accurate and understand that the provision of false or misleading information is an offence.</p> <p>Signature : _____ <i>(For Companies - Signature of authorised agent only)</i></p> <p>Position Title (Companies): _____</p> <p>Date: / /</p>

PROOF OF IDENTIFICATION *Must be completed for company (by the registered agent) and individual applicants.*

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

EXAMPLE**CERTIFIED TRUE COPY OF THE ORIGINAL**

I certify that this is a true and accurate copy of the original document sighted by me.

Full Name: _____ Signed: _____ Dated: _____ Authority to sign: _____ Phone: _____

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

Driver's licence

Proof of age or identity card issued by a State/Territory

Passport

FORMS OF IDENTIFICATION PROVIDED

Type	Number	Expiry Date	Certified Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

Note for Multiple Owners: (for example partnerships) Copies of New Ownership Details are available at www.health.act.gov.au/hps or by contacting the HPS.

SECTION B - VARIATION IN TRADING NAME	
NEW TRADING NAME:	

SECTION C – CONTACT AND POSTAL DETAILS		
ONSITE CONTACT PERSON		
GIVEN NAME:	FAMILY NAME:	
BUSINESS PHONE:	MOBILE PHONE:	
AFTER HOURS PHONE:	FAX:	
EMAIL ADDRESS:		
POSTAL DETAILS – BUSINESS CORRESPONDENCE POSTAL ADDRESS		
STREET NUMBER/PO BOX:	STREET NAME:	
SUBURB:	STATE:	POSTCODE:

SECTION D - FOOD SAFETY SUPERVISOR (FSS) DETAILS		
NAME OF FOOD SAFETY SUPERVISORS (UP TO 4)	TELEPHONE NUMBER	DATE CERTIFICATE ISSUED
1.		___/___/___
2.		___/___/___
3.		___/___/___
4.		___/___/___

SECTION E – PREMISES CHANGE (REFURBISHMENT OR CHANGE OF LOCATION)		
REFURBISHMENT		
<i>Describe the nature of the changes</i>		
CHANGE OF LOCATION – Details of the New Business Premises		
NOTE: A New Food Business Registration application may be required.		
SHOP NUMBER:	PROPERTY NAME:	
STREET ADDRESS:		
SUBURB:	STATE:	POSTCODE:
Were the new premises previously used as a food business <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes please provide the previous Trading name: _____		
PLAN SUBMISSION		
<i>Businesses in new or refurbished premises must submit 2 sets of plans of A3 size, with elevations, specifications and details of all fixtures, fittings, equipment and surface finishes. Plans may also be submitted electronically to hps@act.gov.au.</i>		
<input type="checkbox"/> Detailed copies of plans for the new food business are attached.		
<input type="checkbox"/> Plans of the premises were previously submitted for assessment on ___ / ___ / ___		
<input type="checkbox"/> Existing facilities, including any remote areas, are clearly documented and identified. (Please ensure areas are clearly identified by the name or number as might be recognised by the public or staff members)		
BUILDING CERTIFIER		
GIVEN NAME:	FAMILY NAME:	
COMPANY:		
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
PHONE:	FAX:	
MOBILE PHONE:		
EMAIL ADDRESS:		

Please see the Fit-out or Plan Assessment Information Guide at www.health.act.gov.au/foodsafety

SECTION F- CHANGE OF OPERATION or PRIORITY RISK CLASSIFICATION

PRIMARY BUSINESS TYPE

If your primary business type has changed please identify the new business type (Please tick **ONLY** one box).

- | | | |
|--|---|--|
| <input type="checkbox"/> Aged Care | <input type="checkbox"/> Home Business | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Hospital Kitchen | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Butcher | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Pub / Tavern |
| <input type="checkbox"/> Canteen | <input type="checkbox"/> Ice-Cream | <input type="checkbox"/> Restaurant / Cafe |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Licensed Club | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Charity /Community Organisation | <input type="checkbox"/> Liquor Outlet | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Confectionery | <input type="checkbox"/> Market Stall | <input type="checkbox"/> Take Away |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Milk Vendor | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Fruit & Veg | <input type="checkbox"/> Mobile Food Business | |

PRIORITY RISK CLASSIFICATION

Please fill out the below tables, by ticking the box of the most appropriate option. If more than one option applies, please tick the one with the highest score.

Food type and intended use by customer (tick only one)	Score	✓
You provide high-risk foods that are ready-to-eat (eg: oysters, salami, cooked rice, tofu, cooked chicken/meats, cooked pasta, pies, sushi type products, quiches, cream/custard filled cakes (including imitation cream))	35	
You provide medium-risk foods that are ready-to-eat (eg: orange juice, ice cream, peanut butter, pasteurised milk, canned meat, cut fruit, dairy products)	25	
You provide high-risk foods that are not ready-to-eat (eg: raw meats and raw seafood)	15	
You provide medium-risk foods that are not ready-to-eat (eg: unprocessed fruit and vegetables)	5	
You provide low-risk foods that may or may not be ready-to-eat (eg: carbonated beverages, grains, cereals, sugar-based confectionery, alcohol, fats and oils)	0	
Business Score		
Activity of food business (tick only one)	Score	✓
You handle high and medium-risk ready-to-eat foods during the processing or manufacturing of food	25	
You portion high and medium-risk ready-to-eat foods before receipt by the customer	20	
You handle low-risk or non ready-to-eat foods during the processing or manufacturing of food	15	
You only store, distribute or sell pre-packaged foods	5	
Business Score		
Off Site Catering	Score	✓
You are a catering business that prepares food and then serves the food at different locations (Serving includes slicing, plating or further processing at a different location to where the food is prepared. Serving does NOT include delivering)	15	
You are a catering business that serves food at the same location at which it is prepared	0	
Business Score		

Method of processing (tick only one)	Score	✓
You cook the food you serve or otherwise provide a pathogen reduction step such as canning, fermentation, pasteurisation or any other step that is capable of significantly reducing the level of pathogens present.	-10	
You sell uncooked high-risk foods, such as sushi, and do <i>not use a pathogen reduction step</i> during <i>processing</i> prior to sale.	0	
Business Score		
Customer base	Score	✓
You are a <i>small business</i> (less than 10 employees in service sector and less than 50 in manufacturing sector)	5	
You are not a <i>small business</i>	10	
Business Score		
Supply food to at risk groups	Score	✓
You supply food directly to <i>at risk groups</i> ? [eg: You supply foods directly to organisations that cater to the sick, elderly, children under 5 years of age or pregnant women (such as hospitals, nursing homes or child care centres)].	20	
You <i>do not</i> supply food to at risk groups	0	
Business Score		
* Add together scores from all tables of pages 4 & 5		
TOTAL SCORE*		
RISK RATING		

To determine the risk rating, compare your score to the scores below:	
Risk Rating	Score
Low	39 or Less
Medium	40 – 64
High	65 or More

SECTION G - DECLARATION OF FOOD BUSINESS VARIATION	
<i>Must be completed for all variation applications.</i>	
I declare that I am authorised to supply all the information on this form; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this application.	
I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.	
NAME: _____	POSITION: _____
SIGNATURE: _____	DATE: _____