



# ENVIRONMENTAL HEALTH APPLICATION FOR CHANGE OF OWNERSHIP AND REGISTRATION OF FOOD PREMISES

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**IMPORTANT:** Once your form has been processed, you will receive an invoice for payment. Payment must be made **within 30 days**, or your application may not be processed.

Fields marked with a red asterisk (\*) must be filled out.

### Council Use Only

Registration No:

Risk Classification:

Approval:

Area:

**TO: Hindmarsh Shire Council**

I / We hereby declare, I/we have permanently ceased to operate the food business from the premises described below:

Date of Cessation:

### PART 1 – To be completed by current proprietor(s) \*

Address of Registered Premises\*:

Name of Current Proprietor(s) \*:

Signature of current proprietor(s) \*:

Signature of current proprietor(s) \*:

Print Name\*:

Print Name\*:

Position Held\*:

Position Held\*:

### A Complete Application Requires:

PART 1: To be completed and signed by the current (exiting) proprietor.

PART 2: To be completed and signed by the proposed incoming proprietor.



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## PART 2 - To be completed by proposed proprietor(s)

TO: Hindmarsh Shire Council

I/We the undersigned, hereby apply to REGISTER for the period commencing \_\_\_\_\_ (date) and ending 31 December \_\_\_\_\_ (year), under the provisions of the Food Act 1984, the premises described below.

Full Name OR Company Name (where Company, attach copy of company extract) \*:

ACN/ABN:

Proposed Trading Name\*:

Address of Premises\*:

Postal Address (if different from above):

Type of Business / Food to be sold\*:

Premises Phone\*:

AH / Mobile Phone:

Email\*:

Primary Language (if other than English):

Are tobacco products available for purchase from this premises?  Yes  No

Do you provide tables for customers to eat at?  Yes  No

Number of proposed full time (EFT) staff working in the food premises at the one time?

*(Average total weekly staff hours ((including part-time & casual) ÷ 40 = EFT)*

### Food Safety\*

Name of Food Safety Supervisor\* (please attach Statement of Attainment (certificate)):

Food Safety Program – Nominate what type (please tick appropriate box below):

- Non-Standard Food Safety Program (attach audit certificate stating FSP meets requirements under s19D of the Food Act 1984.)
- Standard Food Safety Program (Nominate which template e.g., DH, Foodsmart):  
NOTE: Any food premises that undertake one or more of the high-risk food activities (see over) are required to have a Food Safety Program (If applicable, please tick appropriate box)
- Exempt from Food Safety Program

Signature of proposed proprietor(s) \*:

Signature of proposed proprietor(s) \*:



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Print Name:	Print Name:
Position Held:	Position Held:
Fee Payable: \$	

## High-Risk Food Handling Activities \*

<input type="checkbox"/>	Sous vide cooking
<input type="checkbox"/>	Any potentially hazardous food that does not involve temperature control to minimize the growth of pathogenic or toxigenic organisms.
<input type="checkbox"/>	Preparation of acidified/fermented foods or drinks
<input type="checkbox"/>	Preparation of ready to eat foods containing raw unshelled eggs (unpasteurised)
<input type="checkbox"/>	Preparation of ready to eat raw or rare minced/finely chopped red meats
<input type="checkbox"/>	Preparation of ready to eat raw and rare poultry and game meats
<input type="checkbox"/>	Off-site catering
<input type="checkbox"/>	Any other complex food process