

# NOTIFICATION OF CHANGE OF OWNERSHIP/ BUSINESS DETAILS FOR A REGISTERED FOOD PREMISES AND/OR VEHICLE

FOOD ACT 2008

PREMISES DETAILS	
Current Trading Name:	
Proposed Trading Name (if different):	
Premises Address:	

TRANSFER DATE	
Transfer Date to be Completed on:	

EXISTING PROPRIETOR DETAILS	
Name of Proprietor:	

PROPOSED NEW BUSINESS OWNER DETAILS		
Name of Business Owner:		
ABN:		
Contact Details:	Postal Address:	
	Business Number:	
	Mobile Number:	
	Email Address:	
Business Manager (if applicable):		
Contact Details:	Mobile Number:	
	Email Address:	

DECLARATION (Note: making a false statement may be an offence)	
I / We as the current proprietor have sold the food business to the proposed new proprietor listed above, transfer to be completed on date list above.	
Signature:	Date:

DECLARATION (Note: making a false statement may be an offence)	
I / We as the new proprietor will be taking over the food business on the transfer date listed above. We understand that if we plan to alter the type of food handled at this premise or intend to make physical changes to the kitchen, this will need to be discussed with the Shire of Mundaring as it may alter the food premises classification.	
Signature:	Date:

## EVIDENCE OF FOOD HANDLING

I / We as the new proprietor have attached the following document to this application form prior to submission:

### EVIDENCE OF FOOD HANDLER TRAINING (Food Standards Code Standard 3.2.2 Clause 3(1))

In order to assist businesses, the Shire of Mundaring provides **free** on-line food safety training. You may register and complete the FoodSafe Online course by going to

<https://www.ehawa.org.au/products/foodsafeproducts/foodsafeline>

Proceed to the **PAYMENT DETAILS** section and enter the below code in the "Redeem Online Voucher" field for **free** access:

**FSMANDU348**

## PLEASE SUBMIT THIS FORM AND DOCUMENTS BY THE FOLLOWING OPTIONS

### 1. Payment in Person

Shire Administration Office  
7000 Great Eastern Highway, Mundaring  
Cashier Hours 9:00am – 4:15pm  
(Monday–Friday)

### 2. Payment by Mail

Shire of Mundaring  
7000 Great Eastern Highway  
Mundaring WA 6073

## PAYMENT OPTIONS

- Do not send cash in the mail.
- Cheques are to be made payable to the Shire of Mundaring.
- Credit Card payments are to be made by filling out the credit card authorisation below.

## CREDIT CARD PAYMENT AUTHORISATION

Credit Card Type:  Visa  MasterCard  Fee: \$50

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

**NB: Your signature hereon is authority for us to issue a sales receipt for the amount shown in the space provided above.**

Should you have any queries, please contact the Shire of Mundaring Health Services on (08) 9290 6742.