

Change to a Food Business

Food Act 2008, Food Regulations 2009

EXISTING FOOD BUSINESS DETAILS

Trading / Business Name	
Address	
Postal Address (if different)	
Contact Number	
Email Address	
Manager's Name (contact person)	
Manager's Contact Number	
Manager's Email Address	
Food Vehicle Make, Model and Registration Number	

DETAILS OF CHANGES

Selling the business to a new owner? Both parties to sign declaration of transfer below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changing the menu? Attach new menu	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changing the structural layout / floor plan? Attach new floor plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changing any food related equipment? Provide a list of new items & floor plan e.g. deep fryer, commercial oven etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adding a food vehicle? Provide vehicle details e.g. mobile food van or food transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adding new staff members? Provide details e.g. manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changing the Business or Trading Name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NEW BUSINESS DETAILS - Update any new details

Trading / Business Name (if applicable)	
Business Owner Name	
Address	



Contact Person Name

Contact Number

Email Address

DECLARATION TO TRANSFER

I _____, being the current owner of the above Food Business, consent to the transfer of the Food Business Registration and Certificate into the new owner's name.

Signature Current Owner

Date

Signature Proposed New Owner

Date

LOCAL GOVERNMENT USE ONLY

Notification Fee

\$

Application Complete – CM Ref:

Supporting Documents

Invoice issued

Invoice Paid

Authority Updated

Inspection Required

Inspection Completed

Certificate Issued

Submit this application with any supporting documents to health@esperance.wa.gov.au

