



RURAL CITY OF
WANGARATTA

In Replying Please Quote: 75 040 001

If Calling Please Ask For: Ross Cairns or Lisa Giese

62-68 Ovens Street
PO Box 238
WANGARATTA VIC 3676
Telephone: (03) 5722 0888
Fax: (03) 5721 9526
E-mail: council@wangaratta.vic.gov.au
ABN 67 784 981 354

APPLICATION FOR TRANSFER OF REGISTRATION OF CLASS 2 FOOD VEHICLE

To the *Rural City of Wangaratta Council*

I/we the undersigned apply to transfer registration, under the provisions of the Food Act 1984 the vehicle described hereunder and depicted in the floor plan *attached/lodged with Council, for the year ending 31 December 2016.

CURRENT:

Current Proprietor Name (or Company name):	
Current Business or Trading Name:	
Current Proprietor Address:	
Current Proprietor Phone:	Fax:
Current Proprietor Email:	

NEW PROPRIETOR DETAILS: (Please complete all sections)

Proposed New Proprietor Name:	
Proposed New Business or Trading Name:	
Proposed New Proprietor Address:	
Proposed New Proprietor Phone:	Fax:
Proposed New Proprietor Email:	
Business (Premises) Address:	
Vehicle Garage Address:	
Postal Address:	
Business Phone:	Fax:
Business Email:	ABN:

Description of Vehicle (ie Make, Model, Colour):

Vehicle Registration Number:.....

Name of Proposed New Food Safety Supervisor:

Signature of Current Proprietor:

Signature of Proposed New Proprietor:

Date:

Fee: \$.....

OFFICE USE ONLY:
Registration Number:
Receipt Number:
Date:
Amount: \$
Debtor No:

- Please note you must supply the name of your Food Safety Supervisor with your registration;
- Please attach your Food Safety Program;
- Please complete all sections & return form to Council;
- Registration fees are GST Exempt. TAX INVOICE.