



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 3 FOOD PREMISES

To the *Rural City of Wangaratta Council*

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

### CURRENT:

<b>Current Proprietor Name (or Company name):</b>	
<b>Current Business or Trading Name:</b>	
<b>Current Proprietor Address:</b>	
<b>Current Proprietor Phone:</b>	<b>Fax:</b>
<b>Current Proprietor Email:</b>	

### NEW PROPRIETOR DETAILS: (Please complete all sections)

<b>Proposed New Proprietor Name:</b>	
<b>Proposed New Business or Trading Name:</b>	
<b>Proposed New Proprietor Address:</b>	
<b>Proposed New Proprietor Phone:</b>	<b>Fax:</b>
<b>Proposed New Proprietor Email:</b>	
<b>Business (Premises) Address:</b>	
<b>Postal Address:</b>	
<b>Business Phone:</b>	<b>Fax:</b>
<b>Business Email:</b>	<b>ABN:</b>

**Description of Business (ie café, bakery..):** .....

**Number of Staff (2 part-time = 1 full-time):** .....

**Signature of Current Proprietor:** .....

**Signature of Proposed New Proprietor:** .....

**Date:** .....

**Fee: \$**.....

<b>OFFICE USE ONLY:</b> Registration Number: Receipt Number: Date: Amount: \$ Debtor No:
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- Please complete all sections and return form to Council;
- Registration fees are **GST Exempt** TAX INVOICE.