## Notification to

## Cancel a Food Business Registration

Food Act 1984 (Vic)

**Proprietor details** 

This form is used to notify the Council when a food business will no longer be operating, when a food business is being sold (change of ownership), or when a change of ownership has occurred.

The new food business proprietor must submit an <u>Application for Food Business Registration</u>. This application is available on Council's website. Please allow 10 business days to process the new application before commencing business operations under new ownership. Operating an unregistered food business is an offence under the *Food Act 1984*.

Name of Proprietor Full name or Company name (Pty Ltd)				
Phone	number	Email		
Postal	address			
Food	Business details			
Trading	g name of food business		Food Act registration number (if known)	
Street address of business				
Chan	ge of Food Business details (plea	se tick a	applicable)	
	My food business is no longer operating / it has closed  Date business ceased operating/closed:			
	I am selling my food business (a change of ownership will occur) Proposed change of ownership/settlement date:			
	I have sold my food business (the change of ownership has occurred)  Date of settlement/business changed ownership:			

Details of new business proprietor/operato	r (If applicable)	
Last name / Company name	First name	
Phone number	Email	
Postal Address		
Apply for partial refund of Food Act registra	ation	
After confirming that the registered proprietor is n may issue a partial registration refund. These refur may take up to 28 days for processing. We will con account details for the refund process.	nds are processed through bank transfers and	
☐ Yes, I would like to apply for a partial regis	stration fee refund	
Declaration		
I understand and acknowledge that:  • The information provided in this application is true ar  • This application forms a legal document and penalties If the business is owned by a sole trader or a partnersh If the business is owned by a company or association — print their name.	s exist for providing false or misleading information ip, the proprietor(s) must sign and print name(s).	
Name of Proprietor Full name or Company name (Pty L	td)	
Signature of Proprietor	Date	
How to submit and for further information		
Environmental Health Unit Phone	: (03) 9784 1915	

Frankston City Council Email: info@frankston.vic.gov.au

30 Davey Street, Frankston VIC 3199

## **Privacy Statement**

Frankston City Council is committed to protecting your privacy. Council requires personal information to carry out its functions under the Local Government Act 1989 and other legislation and to provide services to the community. In some cases this will involve disclosure of your information to other parties, such as Council's contractors or other agencies. Your personal information will only be used and disclosed as authorised by law. For further information about how Council handles personal information, or to request access to your personal information, see <a href="www.frankston.vic.gov.au">www.frankston.vic.gov.au</a> or contact Council's privacy officer on 1300 322 322.