

**FOOD PREMISES TRANSFER
NOTIFICATION**



PREMISES DETAILS		
Current trading name		
Proposed trading name if different		
Premises location		
Proposed Premises Contact Details	Business hours phone number	
	After hours phone number	
	Facsimile number	
	Email address	
	Mobile number	

TRANSFER DATE	
Transfer due to be completed on	

EXISTING PROPRIETOR DETAILS	
Name of proprietor	
Postal address of proprietor	
Contact details	

SHIRE USE

<i>Paid</i>	
<i>Receipt No</i>	
<i>Debtors No</i>	
<i>Synergy No</i>	
<i>Notification</i>	<i>Registration</i>

Office use	FILE:	ACTION OFFICER
ACTION	Noted	Responded
RECORD NO		
FURTHER REFERRAL ACTION OFFICER ACTION REQUIRED	NOTE OR RESPOND	Already Received by EMAIL / FAX

PROPOSED NEW PROPRIETOR DETAILS		
Name of proprietor		
Postal address of proprietor		
Contact details If different from above	Business hours phone number	
	After hours phone number	
	Facsimile number	
	Email address	
	Mobile number	

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 listed above.	
Signature	Date

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, this will be discussed with the Shire of Broome as it may alter the food premises classification.	
Signature	Date

Signature of Applicant

Date