

HEALTH PROTECTION SERVICE APPLICATION FOR TRANSFER OF OWNERSHIP

PURPOSE

This form is to be used to transfer ownership of a licence or registration under *Public Health Act 1997*.
You can access the legislation and its regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a licence or registration under the *Public Health Act 1997*. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website:

www.health.act.gov.au/hps

General Enquires:

(02) 6205 1700

Email Address:

hps@act.gov.au

Fax Number:

(02) 6205 1705

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- This transfer form must be filled out by the new owner and signed by both the current licensee or registered person and the new owner.
- The original licence or registration must be submitted with this transfer application.
- All registered food businesses require at least one trained Food Safety Supervisor. Visit www.health.act.gov.au/hps for further information.
- Complete this form using a black or blue pen only and return with the **fee of \$70** (unless fee exempt).
Information on fee exempt categories is provided on page 8 (evidence of eligibility for fee exemption must be supplied).

Licence/registration is issued to the owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the Act.

Accordingly:

- (1) Trusts will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.
- (2) Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.
- (3) Parts B and C of this application form must be separately completed for each individual listed as an owner. Extra copies of Parts B and C are available at www.health.act.gov.au/hps or by contacting the HPS office.

Is the licence to be issued to a Corporation (a Company, Incorporated Association, Government agency or a Registered Charitable Organisation)?

- YES** Complete PART A, C, D and E of this application. NB: Trusts or Partnerships will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.
- NO** Complete PART B, C, D and E of this application. Separate details must be completed for each individual listed as an owner.

Confirmation of identity will need to be produced either:

1. In person at the Health Protection Service office; or
2. By submitting certified copies via post/email/fax to the HPS office.

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS TO BE RETURNED



In Person:

Health Protection Service
25 Mulley Street
HOLDER ACT 2611



By Post:

Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611



By Fax:

(02) 6205 1705



By Email:

hps@act.gov.au

APPLICANT CHECKLIST**If applying as an INDIVIDUAL**

<input type="checkbox"/>	Part B completed and signed: Ownership details for an individual (one copy for each owner)
<input type="checkbox"/>	Part C complete: Owner address
<input type="checkbox"/>	Part D complete: Proof of identification (one copy for each owner)
<input type="checkbox"/>	One form of current photographic identification (for each signatory) presented in person at the Health Protection Service OR One form of current photographic identification (for each signatory) sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part E complete: Business transfer details
<input type="checkbox"/>	Signed by current licence/registration holder? (page 5)
<input type="checkbox"/>	Declaration signed by new licence/registration holder (page 7)
<input type="checkbox"/>	Attached payment (page 8)
<input type="checkbox"/>	Attached (surrendered) current licence/registration certificate?

If applying as a CORPORATION

<input type="checkbox"/>	Part A completed and signed: Ownership details of a company
<input type="checkbox"/>	Attached current company extract issued by the Australian Securities and Investment Commission (ASIC)
<input type="checkbox"/>	Part C complete: Owner address
<input type="checkbox"/>	Part D complete: Proof of identification (for company agent)
<input type="checkbox"/>	One form of current photographic identification presented in person at the Health Protection Service OR One form of current photographic identification sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part E complete: Business transfer details
<input type="checkbox"/>	Signed by current licence/registration holder? (page 5)
<input type="checkbox"/>	Declaration signed by new licence/registration holder (page 7)
<input type="checkbox"/>	Attached payment (page 8) OR Attached documentation of fee-exempt status (see page 8)
<input type="checkbox"/>	Attached (surrendered) current licence/registration certificate?

PART A – NEW OWNERSHIP DETAILS FOR A COMPANY (Do NOT complete if you are applying as an individual)

A copy of the Company's current extract (issued within the previous 30 days) from the Australian Securities and Investment Commission (ASIC) must be attached

AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation

PART B – NEW OWNERSHIP DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)**TITLE (Mr, Ms)****GIVEN NAMES****FAMILY NAME****PART C – NEW OWNER ADDRESS (If applying as a company – registered company address must be provided)**

(Property Name, Unit, Flat Number, Street Number, Street Name)

CITY / SUBURB / TOWN**STATE / TERRITORY****POSTCODE****PART C – NEW OWNER POSTAL ADDRESS (If different to above owner address)****CITY / SUBURB / TOWN****STATE / TERRITORY****POSTCODE****HOME TELEPHONE NUMBER****MOBILE NUMBER****WORK TELEPHONE NUMBER****EMAIL ADDRESS****DECLARATION**

I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature : _____
(For Companies - Signature of authorised agent only)

Position Title (Companies): _____

Date: / /

PART D – PROOF OF IDENTIFICATION (must be completed for company (by the registered agent) and individual applicants)

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:
<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

EXAMPLE

CERTIFIED TRUE COPY OF THE ORIGINAL

I certify that this is a true and accurate copy of the original document sighted by me.

Full Name: _____ **Signed:** _____ **Dated:** _____ **Authority to sign:** _____ **Phone:** _____

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

- Driver’s licence
- Proof of age or identity card issued by a State/Territory
- Passport

FORMS OF IDENTIFICATION PROVIDED

Type	Number	Expiry Date	Certified Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

Note for Multiple Owners: (for example partnerships) Copies of Parts C and D are available at www.health.act.gov.au/hps or by contacting the HPS.

PART E – BUSINESS TRANSFER DETAILS**1. TYPE OF BUSINESS ACTIVITY TRANSFERRING**

- Cooling Tower or Warm Water System Registration
- Health Care Facility Licence
- Infection Control Licence

2. CURRENT LICENCE OR REGISTRATION DETAILS (must be completed)

Current Registration or Licence Number	Current File Number	Expiry Date on Registration or Licence

Current trading name (if applicable)

Physical Address of Business

SHOP NUMBER:	PROPERTY NAME:
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STREET NAME:

SUBURB:	STATE:	POSTCODE:
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CURRENT LICENCE/REGISTRATION HOLDER DECLARATION - Must be signed by the current licence/registration holder

Please transfer this licence/registration to the new entity stated in part A or B of this application

Signature of current owner: _____ Date: / /

Full Name: _____ Position Title: _____

Date ownership changes take effect: / /

Name of Company (if applicable): _____ A.C.N: _____

3. BUSINESS DETAILS (Completed by the new licence/registration holder)

NEW TRADING NAME (if applicable):

BUSINESS ONSITE CONTACT PERSON

GIVEN NAME:	FAMILY NAME:
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BUSINESS PHONE:	MOBILE PHONE:
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AFTER HOURS PHONE:	FAX:
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EMAIL ADDRESS:

LIKELY HOURS OF TRADE: Days/Open/Close Times:

BUSINESS CORRESPONDENCE POSTAL ADDRESS

STREET NUMBER/PO BOX:	STREET NAME:
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SUBURB:	STATE:	POSTCODE:
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Is the Transfer for a Cooling Tower or Warm Water System Registration?

Yes (please complete section 4 below).

No (continue to page 6).

4. ADDITIONAL INFORMATION FOR COOLING TOWER OR WARM WATER SYSTEM REGISTRATION TRANSFER

Is the registered system contact person (person to contact if a problem occurs with registered system) the same as the registered system listed in Part A or B. Yes No **If No please complete below information.**

First Name: _____ **Surname:** _____

Phone: _____ **Mobile:** _____ **Fax:** _____

Is the Building Owner (person/company who owns the premises where the registered system is located) the same as the system owner (listed in Part A or B)? Yes No **If No please complete the below information.**

Name of Individual/Company who owns the building: _____

Phone: _____ **Mobile:** _____ **Fax:** _____

Is the Transfer for an Infection Control Licence?

Yes (please complete section 5 below).

No (continue to section 6 'Other Business Information' on next page).

5. ADDITIONAL INFORMATION FOR INFECTION CONTROL LICENCE TRANSFER

Have you changed your Primary Infection Control Activity? **Yes** (please specify below) **No**

Please tick (✓) one box only:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Beauty Therapist | <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Dental Practice |
| <input type="checkbox"/> Dry Needling | <input type="checkbox"/> Pathology | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Tattoo Studio |

Other _____

Are you performing #invasive procedures? Yes No (If no, go to 'Other Business Information')

#Invasive procedure means any procedure that involves entry into the body tissue, cavities, organs or repair of traumatic injury

Is only single-use sterile equipment being used? Yes (If yes, go to 'Other Business Information') No

If equipment is being reused, is it being processed within the business?

Yes If 'yes', name who is responsible for reprocessing the equipment? If more than one person, please nominate a representative.

No

Name _____ Position _____

If reusable equipment is being reprocessed off site, name where is it processed?

Name of business _____

6. OTHER BUSINESS INFORMATION – Information provided below may require a Variation Application form to be completed	
1. Has there been a change to the structure or accommodation layout of the premises?	<input type="checkbox"/> Yes (please proceed to question 2). <input type="checkbox"/> No (continue to question 3.)
2. Has the Health Protection Service been notified of the changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please contact the Health Protection Service)
3. Have there been changes to the primary activity the business will be undertaking?	<input type="checkbox"/> Yes (please contact the Health Protection Service) <input type="checkbox"/> No
Are there any other significant changes to the current business that the Health Protection should be made aware of?	

DECLARATION	
I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this application.	
I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.	
NAME: _____	POSITION: _____
SIGNATURE: _____	DATE: _____

