



The Chief Executive Officer
Dairy Food Safety Victoria
PO Box 840 HAWTHORN VIC 3122
PHONE: (03) 9810 5900 FAX: (03) 9819 4299

Dairy Act 2000

**APPLICATION FOR THE ISSUE OF A
DAIRY MANUFACTURER'S LICENCE**

An Application Fee is to be enclosed with the Application Form (refer attached list)

I/We hereby apply for the issue of a Dairy Manufacturer's Licence under the *Dairy Act 2000*

1. Name of applicant

2. Name of owner of proposed business

3. Name of owner of premises

4. Location of premises to be licensed Postcode:

5. If applicant is a company, Australian Business Number (ACN)

6. Business Name and/or Trading As – if applicable

7. Postal address of applicant (for service of notices) Postcode:

8. Telephone: Fax No:

9. Description of Premises (include details of plant and equipment)

10. List the type of dairy products to be manufactured

Estimated production volume

		Estimated Production
Solids	Tonnes	
Liquids	Volume	

11. Expected number of dairy farm suppliers

12. Expected annual farm milk supply (Litres)

CONTINUED OVERLEAF....

13. Farm Milk Collection

(a) Expected Annual Pick Up (litres)

(b) Contract Carriers:

Name/s:

Address/es:

Number of tankers:

14. (a) Are the premises registered as food premises under the Food Act?

(b) If not, has an application been made for food premises registration under the Food Act?

PLEASE NOTE:

IF APPLICANT IS A COMPANY, COPIES OF THE FOLLOWING AUSTRALIAN SECURITIES COMMISSION DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION:

- (A) CERTIFICATE OF INCORPORATION OF THE COMPANY, AND
- (B) CERTIFICATE OF DIRECTORS, PRINCIPAL EXECUTIVE OFFICER OR SECRETARY.

NAME OF PERSON SIGNING (PLEASE PRINT)

SIGNATURE OF APPLICANT

IF APPLICANT IS A COMPANY, POSITION HELD IN COMPANY BY PERSON SIGNING

Director/Principal Executive Officer/Secretary/General manager

DATE

(OFFICE USE ONLY)

Has the applicant complied with, or is the applicant capable of complying with the provisions of the Dairy Act relating to quality assurance: YES/NO

DFSV FOOD SAFETY MANAGER DATE

LICENSING PERIOD FROM TO

LICENSING FEE PAYABLE DATE RECEIVED

LICENCE NUMBER