Level 2, 969 Burke Road, Camberwell Victoria 3124 PO Box 8221, Camberwell North, Victoria 3124 Phone: 03 9810 5900 Fax: 03 9882 6860

Email: info@dairysafe.vic.gov.au www.dairysafe.vic.gov.au ABN 19 045 433 005



# Application for a dairy manufacturer - milk broker licence

| Applicant d        | etails Mandatory fiel    | ds or sections are marked wit     | h *       |                |                   |      |                         |
|--------------------|--------------------------|-----------------------------------|-----------|----------------|-------------------|------|-------------------------|
|                    |                          |                                   |           |                |                   |      |                         |
| *Is the legal ent  | ty that owns the dai     | ry business a:                    |           |                |                   |      |                         |
| Company (          | e.g. Dairy Food Pty      | Ltd)                              |           |                |                   |      |                         |
| Individual (       | e.g. John Smith)         |                                   |           |                |                   |      |                         |
| Partnership        | (e.g. John Smith ar      | nd Mary Jones)                    |           |                |                   |      |                         |
| Trustee (e.g       | g. John Smith as tru     | stee for the Smith Family         | y Trus    | t or Dairy F   | ood Pty Ltd as tr | uste | ee for the Dairy Trust) |
| Other (plea        | se state):               |                                   |           |                |                   |      |                         |
|                    |                          |                                   |           |                |                   |      |                         |
| *Legal entity na   | ame (Provide full name   | s)                                |           |                |                   |      |                         |
| ACN (required if a | company)                 |                                   |           |                |                   |      |                         |
| Does the busine    | ess trade under a dif    | ferent name to the legal          | entity'   | ?              | Yes               |      | No                      |
| If yes, what is th | e registered trading     | name?                             |           |                |                   |      |                         |
| ABN (required if a | trading name is provided | 1)                                |           |                |                   |      |                         |
| *Postal addres     | s (All correspondence    | e regarding the licence will be p | oosted to | o this address | )                 |      |                         |
| Street/postal ad   | dress                    |                                   |           |                |                   |      |                         |
| Suburb/town        |                          |                                   |           |                | State             |      | Postcode                |
| Premises d         | etails                   |                                   |           |                |                   |      |                         |
| *Premises add      | ress (manufacturing sit  | e)                                |           |                |                   |      |                         |
| Street address     |                          |                                   |           |                |                   |      |                         |
| Suburb/town        |                          |                                   |           |                | State             | F    | Postcode                |
| Phone number       |                          |                                   | Fax r     | number         |                   |      |                         |
| Key contac         | ts                       |                                   |           |                |                   |      |                         |
| *Primary conta     | ct person (All corres    | pondence regarding the licenc     | e will be | addressed to   | this person)      |      |                         |
| Title              | First name               |                                   |           | Surname        |                   |      |                         |
| Job title          |                          |                                   |           |                |                   |      |                         |
| Position held in   | company (if applicable   | e )                               |           |                |                   |      |                         |
| Work phone         |                          | Mobile                            |           | Email          |                   |      |                         |

| *Food safety conta       | act person                |                                   |  |
|--------------------------|---------------------------|-----------------------------------|--|
| Same as prim             | nary contact per          | son                               |  |
| Title Fir                | rst name                  |                                   | Surname  |
| Job title                |                           |                                   |  |
| Work phone               |                           | Mobile                            | Email  |
| *Accounts payable        | e contact perso           | n                                 |  |
| Same as prim             | nary contact pers         | son                               |  |
| Title Fir                | rst name                  |                                   | Surname  |
| Job title                |                           |                                   |  |
| Work phone               |                           | Mobile                            | Email  |
| Production inf           | ormation                  |                                   |  |
|                          |                           | mmencement of the business?       | ?<br>s prior to the licence being issued by Dairy Food Safety Victoria                                       |
| *Will you receive rate   | w milk at the pre         | mises?                            |  |
| You may select more that | r/s<br>facturer/s or milk |                                   | ceived by your business:   |
| Applicant histo          | ory                       |                                   |  |
|                          | ividual) been co          | nvicted of an offence in relation | the company; for a partnership – a partner; for an not not on to a requirement of any of the following Acts? |
| Yes                      | No If ye                  | es, please provide details of the | e conviction or attach relevant documents.   |
| Licence condi            | tions                     |                                   |  |
| Licence conditions       | can be viewed o           | n the Dairy Food Safety Victor    | ia website at <u>www.dairysafe.vic.gov.au</u>  |

## Declaration

By signing and submitting this application, I declare:

I am the applicant or I am authorised to complete this application on behalf of the applicant and all information provided in this application is true and correct. I have read and understood the Dairy Food Safety Victoria Privacy Policy and the licence conditions set by Dairy Food Safety Victoria, which are both located on the Dairy Food Safety Victoria website.

I make this declaration with the understanding that it is an offence under Section 53 of *the Dairy Act 2000* to provide false or misleading information in connection with any application with respect to a dairy industry licence issued under the *Dairy Act 2000*.

If I am supplied raw milk by a Victorian dairy farmer, I accept that I will be required to collect and pay their licence fee to Dairy Food Safety Victoria on their behalf. This will be paid to Dairy Food Safety Victoria monthly, based on the litres of milk that I receive.

| *Title                 | *First name  |            | *Surname |
|------------------------|--------------|------------|----------|
| *Job title or position | n in company |            |          |
| *Email address         |              |            |          |
| *Date                  |              | *Signature |          |
|                        |              |            |          |
|                        |              |            |          |
|                        |              |            |          |

# Privacy statement

Protecting your privacy is important to Dairy Food Safety Victoria. In completing this form we will be collecting information from you, for the primary purpose of administrating the *Dairy Act 2000*. We will be using the information to initially assess your application for a dairy industry licence. We may use your information to help us understand our market to improve our services. However, we only use aggregate information, so individuals are never identifiable.

Dairy Food Safety Victoria may also use the information collected to provide you with customer information about its offerings in support of your business needs. We otherwise handle, use, or disclose your information in accordance with our privacy policy, which is available on the website homepage. You may access the personal information we collect about you by contacting Dairy Food Safety Victoria's Privacy Officer on 9810 5900 or in writing to Dairy Food Safety Victoria, PO Box 8221, Camberwell North, Victoria 3124.

# Payment options

Application fee: See table below

This fee must be paid before your application can be processed.

The fee (GST exempt) is based on your estimated production quantites over a 12-month period as in the table below.

If your production is in litres and tonnes, the quantity that corresponds with the larger size of operation determines the application fee. (For example, if your estimated production quantity in litres is within the 'small' size of operation and your estimated production quantity in tonnes is within the 'medium' size of operation the application fee owing is that of a medium sized operation).

Please tick the fee that is applicable for your business.

| Size of operation | Production quantities                                    | Application fee | ✓ |
|-------------------|--|-----------------|---|
| Small             | 0–1000 tonnes<br>0–100,000 litres                        | \$190.00        |   |
| Medium            | 1,001–1,500 tonnes<br>100,001–150,000 litres             | \$634.00        |   |
| Large             | Greater than 1,500 tonnes<br>Greater than 150,000 litres | \$2,539.00      |   |

#### Payment methods:

- · Cheque to Dairy Food Safety Victoria
- EFT Commonwealth Bank, BSB: 063-010 Account: 1068 1937
  If paying by EFT, please ensure the licence applicant name is included in the reference field.

If your application is approved, you will be sent an invoice for the licence fee, which is calculated using the estimated production quantities provided on this form, a base fee and the number of days left in the licence period. This fee must be paid to Dairy Food Safety Victoria prior to commencing business as a dairy manufacturer.

# Submitting the application

Please check that all mandatory fields or sections have been completed and submit the form by post, fax or email to:

Dairy Food Safety Victoria

PO Box 8221

Camberwell North, Vic 3124

Fax: 03 9882 6860

Email: applications@dairysafe.vic.gov.au

Once the application form is submitted together with the application fee, a Dairy Food Safety Victoria food safety manager will contact you to discuss your food safety program and make an appointment to inspect the premises.