



## NOTIFICATION OF A CLASS 4 FOOD PREMISES FOOD ACT 1984

### PROPRIETOR DETAILS

Title:..... Given name(s):.....

Surname:.....

Company Name:.....

Street Address:.....

..... Postcode:.....

Postal Address:.....

..... Postcode:.....

.....

Business Phone:                      Mobile Phone:                      After Hours Phone:

Email Address:.....

### PREMISES DETAILS

Trading Name:.....

Street Address:.....

..... Postcode:.....

Contact at Premises (if not the proprietor):.....

.....

Business Phone:                      Mobile Phone:                      After Hours Phone:

Email Address:.....

Description of Use of Premises:.....

.....

Do you sell Tobacco Products? Yes:  No:



**FOOD RELATED DETAILS**

**Type of food handling activity (choose from the list below):**

- To members of the public, the sale of:
  - Pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks. For example, newsagents, pharmacies and milk bars;
  - Sausages that are cooked and served immediately, with or without onions cooked at the same time, including bread and sauce that are sold at a temporary food premises or by a non-profit body;
  - Packaged or covered cakes (other than cakes with a cream filling) at a temporary premises by a community group; or
  - Biscuits, tea or coffee (with or without milk or soymilk) at a temporary premises by a community group
- A wine tasting for members of the public, which may include the serving of cheese or low risk food that has been prepared and is ready to eat;
- To members of the public, the sale or wholesale of whole (uncut fruit or vegetables); or
- The handling of low risk food or cut fruit or vegetables and the serving of that food to children at a sessional children’s service.

**DECLARATION**

- I understand and acknowledge that:
  - The information provided in this application is true and complete to the best of my knowledge
  - This application forms a legal document and penalties exist for providing false or misleading information

If the business is owned by a sole trader or partnership, the proprietor(s) must sign and print name(s)  
If the business is owned by a company or associated – the applicant on behalf of that body must sign and print their name

.....  
**Applicant Signature:**

.....  
**Applicant Signature:**

.....  
**Print Name:**

.....  
**Print Name:**

.....  
**Date:**

.....  
**Date:**



## **PAYMENT AND LODGMENT DETAILS**

This application form can be lodged in person at one of our Library and Customer Service Centres, by post, or emailed to [mitchell@mitchellshire.vic.gov.au](mailto:mitchell@mitchellshire.vic.gov.au).

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**PRIVACY STATEMENT:** *Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989 or other relevant legislation. The personal information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations, if required by legislation. The applicant understands that the personal information provided is for the above purpose and that he/she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.*

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F:\CorpServ\RiskComp\EnviroHealth\Environmental Health\Current Forms and Procedures  
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