



APPLICATION TO REGISTER A 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:.....

.....

Will you sell Tobacco Products? Yes: No:

FOOD VEHICLE DETAILS (If applicable)

.....

Registration Number:

Make:

Model:

At what address is the vehicle garaged when not in use?.....

.....

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



FOOD SAFETY PROGRAM (FSP)

Class 1 and 2 food premises only.

You must complete either question (1) Standard Food Safety Program or question (2) Non Standard Food Safety Program, depending on the type of program used at your premises.

Q1. Do you have a Standard Food Safety Program? Yes: No:

If NO, proceed to question 2.

If YES, please select the type of FSP and proceed to section: Food Safety Supervisor

- Food Safety Program Template for Class 2 Retail and Food Service Businesses No.1 V2**
- Food Safety Program Template for Class 2 Retail and Food Service Businesses No. 1 V3**
- Food Smart (Online)**
- Other FSP template registered by the Secretary of the Department of Health**

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Name of program: **Registered number of template:**

Q2. Do you have a Non Standard Food Safety Program (Independent FSP)? Yes: No:

Has the premises been audited by an approved food safety auditor? **Yes: No:**

If the answer is NO, please specify when the premises is to be audited.

.....

Date of Audit: **Name of Food Safety Program:**

FOOD SAFETY SUPERVISOR

Class 1 and Class 2 premises only.

By ticking this box, I acknowledge that I will ensure that there is an appropriate food safety supervisor for the premises

Nominated Food Safety Supervisor:.....

Please note that a food safety supervisor is **not** required if the food premises:

- Has a declared QA food safety program that includes competency based or accredited training for staff of the premises; or
- Is a community group that is exempt from the food safety supervisor requirements.



DECLARATION

Class 1, 2, and 3 premises

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

Class 1 premises only

I have included a copy of the non-standard/independent food safety program

I have included a current certificate from an approved food safety auditor indicating that the FSP is adequate (if applicable)

Class 2 premises only

I have included a copy of a current certificate from an approved food safety auditor stating that the FSP meets the requirements of the Act (if available) **OR:**

I have included a copy of the non-standard/independent food safety program (QA system not required)

Class 3 premises only

In addition to the above, I acknowledge that I will ensure that the appropriate minimum records required under the Food Act 1984 for the premises will be kept

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.

For the current Fee Schedule please visit the website, or contact Council on (03) 5734 6200.



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