



Application to Register a Food Premises

Food Act 1984

Council Specific Information

Please use this form to apply to Greater Shepparton City Council to register a new food premises under the Food Act 1984.

The Food Act 1984 regulates the sale of food for human consumption. There are four classes of food premises.

- Class 1 Hospitals, childcare centres and aged care services which serve high risk food.
- Class 2 Premises that handle high risk unpackaged food eg: restaurants and cafes
- Class 3 Premises that handle unpackaged low risk food or high risk pre-packaged food, eg: warehouses, distributors and convenience stores
- Class 4 Activities considered to be very low risk such as shelf stable pre-packaged foods, whole fruit and vegetables, some fundraising activities, and low risk foods served in kindergartens.

This application should be completed by **Class 1, 2 or 3 premises only**. Class 4 premises need to complete notification form.

Proprietor Details

Type of Proprietor: Company Individual Partnership

Proprietor – Company/Organisation			
Name of Company:			
Contact person name:			
Position in Company (ie: Director/Secretary)			
ABN and/or ACN:			
Postal Address:			
Business Phone:		Mobile:	
Email:			
Are you a registered charitable organisation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Proprietor – Individual

Surname:		Given names:	
Postal Address:			
Business Phone:		Mobile:	
Email:			

Proprietor – Second Individual/Partner

Surname:		Given names:	
Postal Address:			
Business Phone:		Mobile:	
Email:			

Premises Details

Trading Name:			
Address of Premises:			
Business Phone:		Mobile:	

Type of food premise and description of food sold (attach a copy of menu):

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Preferred Language:		Number of food handling employees:	
		(If employees are casual or part-time – determine number of full time equivalent – 38 hrs/week)	

Preferred method of contact for written information:	<input type="checkbox"/> Postal Delivery	<input type="checkbox"/> Email
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Food Vehicle Details (if applicable)

Registration Number:		Make and Model:	
What address is the vehicle garaged at when not in use:			

Proposed Opening Date:		
Trading Hours/Days:		
Will you sell tobacco products:	<input type="checkbox"/> Yes – Over the Counter <input type="checkbox"/> Yes – Vending Machine	<input type="checkbox"/> No
Will you have dining available:	<input type="checkbox"/> Yes – Indoor dining <input type="checkbox"/> Yes – Outdoor dining	<input type="checkbox"/> No
Will you have a liquor licence:	<input type="checkbox"/> Yes – List type: _____	<input type="checkbox"/> No
What type of water supply is available:	<input type="checkbox"/> Mains	<input type="checkbox"/> Private

Classification

Following discussion with Council about your food handling activities, select your food premises classification below as advised by Council:

Class 1
 Class 2
 Class 3

Food Safety Program - Class 1 and 2 food premises only

What type of Food Safety Program (FSP) do you have:

- Department of Health FSP Template for Class 2 retail & food service version 3
 FoodSmart (Online)
 Other Registered FSP Template (List the name): _____
 Independent FSP

Food Safety Supervisor – Class 1 and 2 food premises only

Name of Food Safety Supervisor:
(Attach copy of Statement of Attainment)

Address of Food Safety Supervisor:

Contact Number:

Payment Details

Registration fees are based on class of premises, size and category in which your premises fall. Registration period is 1 January to 31 December. Annual renewal fees apply.

An invoice will be issued once this form has been processed. Payment options will be provided on the invoice eg: in person, BPay and credit card online.

Declaration

Class 1, 2 and 3 food premises

I understand and acknowledge that:

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

Class 3 food premises only

In addition to the above and by ticking this box, I acknowledge that I will ensure that the appropriate minimum records required under the Food Act 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)
- Company or association – the applicant on behalf of that body must sign and print their name.

Signature:

Signature:

Print Applicants Name:

Print Applicants Name:

Date:

Date:

Privacy Statement

The information gathered in the form is used by Council to process the application.

To view Council's privacy policy, either visit Council offices or go to www.greatershepparton.com.au

Lodgement

You can lodge your form by doing the following:

In Person: 90 Welsford Street Shepparton

Post: Locked Bag 1000, Shepparton VIC 3630

Email: council@shepparton.vic.gov.au