

## **Notification of a Food Premises**

#### Food Act 1984

#### Overview

Please use this form to **notify** the Greater Shepparton City Council of a new food premises (Class 4 only) under the Food Act 1984.

The Food Act 1984 regulates the sale of food for human consumption. A summary of the five classes is listed below:

Food Pick (	Classification Summary
Class 1	Hospitals, childcare centres and aged care services which serve high risk food
Class 2	Handling of high risk unpackaged foods (ie: restaurants/café)
0.000 =	Manufacturing low risk food with allergen free claims
Class 3A	<ul> <li>Accommodation getaway premises providing food as part of accommodation stay (ie: B&amp;B, motels)</li> <li>Food made using a hot-fill process resulting in products such as jams, chutneys or any other similar foods</li> </ul>
Class 3	Handling unpackaged low risk food
	Sale of potentially hazardous pre-packaged food
	Warehousing or distribution of packaged food
	Sale of shell eggs
	<ul> <li>Making of sweet or savoury foods which do not require temperature control for safety (ie: biscuits, plain cakes)</li> </ul>
Class 4	The sale of shelf stable pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks (including packaged alcohol) – for example, newsagents, pharmacies, liquor stores
	The serving of coffee, tea, alcohol, water, soft drink (no fermented soft drinks containing a live culture) for immediate consumption – for example bars
	<ul> <li>The sale of uncut fruit and vegetables – for example, farmers markets, green grocers and wholesalers.</li> </ul>
	Wine tasting (which can include serving low risk food or cheese).
	• Simple sausage sizzles at stalls, where the sausages are cooked and served immediately (sausages, bread, sauce and onion only).
	The sale of packaged cakes (excluding cream cakes) by community group.
	The supply of low risk food, including cut fruit at sessional kindergarten.
	The handling of food at family day care service

For more information on food business classes, please go to: <a href="https://www.health.vic.gov.au/food-safety/food-business-classification">https://www.health.vic.gov.au/food-safety/food-business-classification</a>

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

### **Collection Notice**

Greater Shepparton City Council manages your personal information in accordance with its Privacy Policy and the *Privacy and Data Protection Act 2014* (Vic). The "personal information" supplied on this application form is collected under the requirements of the *Food Act 1984*. This information may be disclosed to other areas of Council for the purposes of maintaining and updating your registration record and communicating with you in relation to your registration. It may also be provided to the Department of Health & Human Services for the same purposes and for statistical purposes related to the application of the Act or Regulation. If you do not provide the requested information we may be unable to process your application. To gain access to your personal information please contact the Health Department on 03 5832 9731.

Trim Ref: M20/12826 Page 1 of 4

Proprietor Details					
Type of Proprietor:	☐ Company		☐ Individual		☐ Partnership
Proprietor – Compa	any/Organisation				
Name of Company:	: (Lodgement requirements on page	e 4)			
Contact Person Name:					
Position in Compar	ny (ie: Director/Secretar	y)			
ABN and/or ACN: (Must match Company name list	ed on this application)				
Postal Address:					
Business Phone:		Mobile:			
Email:					
Are you a registere	☐ Yes	□ No			
Proprietor – Indivi	dual				
Surname:		Give	n names:		
Postal Address:					
Business Phone:		Mob	ile:		
Email:					
Proprietor – Seco	nd Individual/Partne	er			
Surname:		Giv	ven names:		
Postal Address:					
Business Phone:		Мс	obile:		
Email:		l			
Premises Details					
Trading Name:					
Address of Premises:					
Business Phone:		Mc	bbile:		

Trim Ref: M20/12826 Page **2** of **4** 

Type of foo	od premi	se and descript	tion of f	ood sold:				
Preferred				Number of food handling employees:				
Language:	_anguage:			(If employees are casual or part-time – determine number of full time equivalent – 38 hrs/week)				
Preferred method of contact for written information:			☐ Postal Delivery ☐ Ema					
Postal Address:								
Email Addr	ess:							
Food Vehic	cle Detai	ls (if applicable	e)					
Registration Number:	n			Make, Model & Colour:				
	What address is the vehicle garaged at when not in use:							
Premises D	Details (d	continued)						
Proposed Opening Da	ate:							
Trading Hours/Days								
Will you se	II tobacc	o products:	☐ Yes	s – Over the Counter 🛛	Yes – Vending	Machine	□ No	
Will you have a liquer licence:			s – List type:			□ No		
Food Handling Activities at the Premises (choose from the list below)								
The <b>only</b> food handling activities that occur at the food premises are one or more of the following:								
The sale of shelf stable pre-packaged low risk food such as confectionary, crisps, frozen ice cream, milk and bottled drinks (including packaged alcohol)								
☐ The sale of whole (uncut) fruit or vegetables								
The serving of coffee, tea, alcohol, water, soft drink (no fermented soft drinks containing a live culture) for immediate consumption.								
Offering a free sample of low risk food for immediate consumption, if that food is available for sale at the premises in a packaged form								
	The sale of sausages (may include onions, sauce & bread) at a temporary stall, where the sausages are cooked & served immediately							
☐ The sal	The code of continue to the first force of the Continue C							
☐ The sale of biscuits, tea or coffee by a community group								
☐ Wine tasting (which may including serving of hard cheese & crackers)								
The handling of low risk food including cut fruit or vegetables to children at a sessional children's service								
│ │	The handling of food at a family day care service							

Trim Ref: M20/12826 Page **3** of **4** 

## Declaration

I understand and acknowledge that:

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

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

☐ By ticking this checkbox I confirm that I have rea	ad and understood all the statements above
Applicant Signature:	Applicant Signature:
Print Applicant Name:	Print Applicant Name:
Date:	Date:

# Lodgement

When lodging this application please supply the following documents as supporting information:

- Business Name Registration Certificate
- ABN Registration Certificate

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

Trim Ref: M20/12826 Page **4** of **4**