

## Notification of a Fixed Class 4 Food Premises

**This form is applicable to Class 4 Food Businesses trading from a fixed premises.**

We will only use the personal information you provide in or with this form for in accordance with the Privacy and Data Protection Act 2014 (VIC) and Council's Privacy and Data Protection Policy.

---

---

### PREMISES/BUSINESS/TRADING LOCATION DETAILS

Trading Name of premises: \_\_\_\_\_

Premises/Business Trading address (location address of where you will be trading/storing):

Street Name & Number \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CONTACT PERSON AT PREMISES/BUSINESS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**TYPE OF FOOD PREMISES (must specify):** \_\_\_\_\_

Brief description of food prepared /sold/supplied/stored: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Does the premises have a license to sell liquor? Please tick Yes  No

Is Tobacco sold? Yes  No  If YES, from a vending machine? Yes  No  N/A

Number of staff working at the Premises/Business (including self and volunteers)

Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_ Casual: \_\_\_\_\_ Volunteers: \_\_\_\_\_

What primary type of water supply does your premises use? Please tick. Public  Private

---

---

### PROPRIETOR/LICENSEE DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Company name (if applicable): \_\_\_\_\_ ABN/ACN: \_\_\_\_\_

## Notification of a Fixed Class 4 Food Premises

Street name and number: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### TYPE OF FOOD HANDLING ACTIVITY (Please tick all that are relevant):

A food premises business at which the only food handling activities are one or more of the following:

<input type="checkbox"/>	Sale or storage of pre-packaged low-risk foods such as confectionary, crisps, frozen ice cream, milk, bottled drinks, canned food. E.g. newsagents, pharmacies, video stores, some milk bars or prescribed accommodation.
<input type="checkbox"/>	Serving of low-risk drinks for immediate consumption. E.g. tea/coffee with or without milk, hot chocolate, pasteurised fruit or vegetable juice, water, bar serving alcohol, soft drinks (except fermented soft drinks containing a live culture), cocktails (including the addition of sliced fruit).
<input type="checkbox"/>	Pre-packaged/unopened non-alcoholic or alcoholic beverages for consumption off premises only. E.g. bottle shop.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Whole (uncut) fruit or vegetables
<input type="checkbox"/>	The handling of low risk food or cut fruit or vegetables and the serving of that food to children at a sessional children service.

PROPOSED OPENING DATE: \_\_\_/\_\_\_/\_\_\_

**DECLARATION:** In signing this document I understand and acknowledge that:

- The information provided in this document is true and complete to the best of my knowledge.
- This notification forms a legal document and penalties exist for providing false or misleading information
- I am over 18 years at the time of completing this notification

Applicant 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If signing on behalf of a company please specify your position: \_\_\_\_\_

### LODGING YOUR FORM † In person

Mount Alexander Shire Council  
Corner Lyttleton Street & Lloyd Street  
CASTLEMAINE VIC 3450  
Office hours – 8.30am – 5pm Monday to Friday

### ✉ By mail

Public and Environmental Health  
Mount Alexander Shire Council  
PO Box 185  
CASTLEMAINE VIC 3450