

Application to Renew Registration of a Class 1, 2 or 3 Food Premises

The Food Act 1984 regulates the sale of food for human consumption in Victoria. If your business sells food you must register with the council where the premises is located, and renew this each registration period as set by the council. Regulatory requirements match to the level of food safety risk associated with food handling activities at the premises.

Premises/Business Details							
Premises/Business Details Trading name of premises (Business Trading Name)							
Premises ad Street Number	dress (Business Location) Street address						
Oli Odi Marribor							
Suburb / Town	State Postcode Postcode						
Business co							
Business phone	Mobile Fax						
Email							
Contact pers	on						
Surname	Given names(s)						
Email Address~	,						
Phone ———	Role in the business						
	Proprietor/Licensee Details						
Will this hus	iness be operated under a company? ACN no: (Australian Company Number)						
Company name	Email						
Company addre	255						
Will this hus	siness be operated by a person or partnership?						
Proprietor nar	ne (1) ABN no: (Australian Business Number)						
Surname	Given name(s)						
Address							
/ taurooo							
Suburb/Tours	State Postcode						
Suburb/Town	State Postcode Postcode						
Email							
Business phone	Mobile						
Proprietor nar							
Surname	Given name(s)						
Address							
Suburb/Town	State Postcode						
Email L							
Business phone	Mobile						



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			Business Details					
Type of food	premises (Must	specify) eg: café, res	taurant, takeaway foo	od				
Brief descrip	Brief description of food prepared/sold							
Does your pr	remises: <i>(All qu</i>	estions <u>MUST</u> b	be answered)					
- Have a lic	cence to sell alcoh	ol? YES 🗌 N	Ю					
- Sell tobac	co? YES 🗌 N	NO 🔲 if yes do yo	u sell tobacco from	a vending machir	ne? YES 🗌 NO			
- Use wate	r from a public suլ	oply? YES N	IO[
- Use wate	r from a private su	pply, eg: rainwate	r tank or bore? Y	ES NO				
Preferred La	anguage							
Trading Hours								
Monday AM-	Tuesday AM-	WednesdayAM-	ThursdayAM-	FridayAM-	SaturdayAM-	SundayAM-		
PM	PM	PM	PM	PM	PM	PM		
		С	lassification of fo	nd				
To determine v	our premises clas				st further information	on		
To determine your premises classification, the Environmental Health Officer may request further information.								
Your Food Premises Classification is								
CLASS 1	CLASS 1 CLASS 2 CLASS 3							
(If your food premises is classified as a Class 3, proceed directly to section: "Declaration")								
	Fo	od Safety Progra	ım (FSP) - CLAS	S 1 and CLASS	2 ONLY			
Food Safety Program (FSP) - CLASS 1 and CLASS 2 ONLY Class 2 only								
	Class 2 only –							
Food Safety Program Template for Class 2 Retail & Food Service Businesses No.1 Version 2 or 3								
Food Smart (online)								
Other FSP template registered by the Secretary of Department of Health (11)								
Name of Program Registered number of template								
OR .								
Class 1 and some Class 2 premises –								
Non Standard Food Safety Program (Independent FSP) (12)								
Provide details of who will audit your premises and program –								
Auditor Name -				Auditor	ID			
Please note: l	Environmental H	ealth Officers ma	y request a copy o	of your Food Safe	ety Program			



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Food Safety Prog	gram (FSS) - CLASS 1 and CLASS 2 ONL)	'						
Food Safety Supervisor (FSS) Details –								
Surname	Given name(s)							
L								
Phone Email								
	The effect of							
*A copy of FSS Statement of Attainment MUST be attached								
DECLARATION								
I understand and acknowledge that -								
The information provided in this application	is true and complete to the best of my knowled	ge						
This application forms a legal document an	d penalties exist for providing false or misleadir	ng information						
Time application forms a legal accument an	a perialized exist for providing fallower fillionedan	ig intermedien						
	Full names MUST be printed clearly)							
Applicant 1	1	1						
Name	Signature	Date / /20						
		-						
Applicant 2 (if a partnership)		_						
Name	Signature	Date / /20						
If signing on behalf of a company please specify	your position –							
e.gg c zerian e. a cempany piedes speeny your poemen								
Но	w to lodge your application							
in person -	⊠ By mail							
Mount Alexander Shire Council	Environmental Health							
Corner Lyttleton Street & Lloyd Street CASTLEMAINE VIC 3450	Mount Alexander Shire Council PO Box 185							
Office hours – 8.30am – 5pm Monday to Friday	CASTLEMAINE VIC 3450							
	Further Enquiries							
Environmental Health Services								
☎ (03) 5471 1700								
environmentalhealth@mountalexander.vic.gov.au								

Disclaimer

Mount Alexander Shire Council will only use the personal information you provide in or with this form for matters relating to your registration in accordance with the information Privacy Act 2001 (Vic) and Mount Alexander Shire Council Privacy Policy.