

## Application to Register a Class 1, 2 or 3 Food Premises

The Food Act 1984 (the Act) regulates the sale of food for human consumption in Victoria. If your business sells food you must either register with, or notify, the council where the premises is located. Regulatory requirements are matched 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)			
<b>Premises address (Business Location)</b>			
Street Number		Street address	
Suburb / Town		State	
		Postcode	
<b>Business contact details</b>			
Business phone		Mobile	
		Fax	
Email			
<b>Contact person at the</b>			
pre		Title	
		Given name(s)	
Email Address~			
Phone		Role in the business	
Proprietor/Licensee Details			
<b>Will this business be operated under a company? ACN no:</b> (Australian Company Number)			
Company name		Email	
<b>Company address (ALL CORRESPONDENCE/MAIL WILL BE SENT TO THIS ADDRESS)</b>			
			Contact phone
<b>Will this business be operated by a person or partnership?</b>			
<b>Proprietor/Licensee (1)</b>			
			ABN no: (Australian Business Number)
Surname		Given name(s)	
Address (ALL CORRESPONDENCE/MAIL WILL BE SENT TO THIS ADDRESS)			
Suburb/Town		State	
		Postcode	
Email			
Business phone		Mobile	
<b>Proprietor/Licensee (2)</b>			
Surname		Given name(s)	
Address			
Suburb/Town		State	
		Postcode	
Email			
Business phone		Mobile	

# Application to Register a Class 1, 2 or 3 Food Premises

## Business Details

**Type of food premises** (Must specify) eg: café, restaurant, takeaway food

**Brief description of food prepared/sold**

**Does your premises:** *(All questions **MUST** be answered)*

- Have a licence to sell alcohol? YES  NO
- Sell tobacco? YES  NO  if yes do you sell tobacco from a vending machine? YES  NO
- Use water from a public supply? YES  NO
- Use water from a private supply, eg: rainwater tank or bore? YES  NO

**Number of staff working at the premises/business** (including self and volunteers)

Full Time  Part Time  Casual  Volunteers

**Preferred Language**

## Trading Hours

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
AM- PM	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM

## Classification of food

To determine your premises classification log onto the following website and answer a series of questions in relation to the activities you undertake at the premises, [www.health.vic.gov.au/foodsafety/foodclass/index](http://www.health.vic.gov.au/foodsafety/foodclass/index)

**Your Food Premises Classification is**

CLASS 1  CLASS 2  CLASS 3

*(If your food premises is classified as a Class 3, proceed directly to section: "Declaration")*

## Food Safety Program (FSP) - CLASS 1 and 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: Environmental Health Officers may request a copy of your Food Safety Program**

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Food Safety Program (FSS) - CLASS 1 and CLASS 2 ONLY

## Food Safety Supervisor (FSS) Details –

Surname  Given name(s)

Phone  Email

**\*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 knowledge  
 This application forms a legal document and penalties exist for providing false or misleading information

## Signatures (Full names MUST be printed clearly)

### Applicant 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 –

Proposed Opening Date

You cannot trade or prepare food at the premises until an Environmental Health Officer has inspected the premises and a certificate of Food Act Registration is issued to you. **Applications will not be processed until payment has been made.**

**(Please allow a minimum of 15 business days for processing)** Proposed opening date / /20

**Fees - Please contact Environmental Health on 03 5471 1700**

## How to pay and lodge your application

### ↑ In person -

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

### ☒ By mail – Return with cheque/money order to -

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

## Further Enquiries

### ↑ Environmental Health Services

☎ (03) 5471 1700    ✉ [info@mountalexander.vic.gov.au](mailto:info@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.