

# **Environmental Health** Services

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## **Application to Register a Food Premises**

I / we the undersigned, hereby apply to register under the provisions of the Food Act 1984, the premises described below.

Premises					
Trading name of prem	ises (if any):				
Type of premises:	<del></del>				
Address:					
Town:	Postcode:				
Contact person:					
Telephone:	Mc	obile:			
Fax:	En	Email:			
If this is an existing foo provide the registration	d premises with a current reginumber:	stration, please			
Complete the following	section if the premises type li	sted above is a mobile food van:			
Registration no:	Make:	Model:			
Please indicate the type	e of water supply used by the	premises:			
☐ Public water supply		Private water supply (e.g. rainwater tank)			
Do the premises have	e a licence to sell liquor?	☐ Yes ☐ No			
If yes, please specify li	cence type:				
Does your premises ha	ave customer seating outside?	Yes No			
Are tobacco products s	sold?	☐ Yes ☐ No			
If yes, is it from a vendi	ing machine only?	☐ Yes ☐ No			
Proprietor's details					
Surname:	First name:				
Company name (as pe	er ABN):				
ABN:					
Postal address:					
Town:		Postcode:			
Telephone:	_	Mobile:			
Fax:		Email:			

Please briefly outline what food/drinks you will be producing:			
Are y	ou making any allergy c	laims? (i.e. gluten fre	ee, dairy free)
If yes	s, please provide informa	ation:	
Food	Safatu Dragram In II	loo Olasa 4 and 0 B	
FOOd	Standard template		remises Only (please indicate below) template developed by Department of Health
	Standard Food Safety		nplate registered under the Act
	Program	coming arry curior to	inplate registered under the riot
	Proprietary Food Safety Program	Non-standard Food (which is to be audi	Safety Program developed by the proprietor ted by a 3 <sup>rd</sup> party)
	Quality assurance Food Safety Program	under a quality ass	dard Food Safety Program that is developed urance system or code, but only where that been declared by the department under the his purpose.
Foo	d Safety Supervisor		
	by ticking this box, I acknervisor for the premises.	owledge that I will er	sure that there is an appropriate food safety
Prog	• •	etency based or accr	I premises has a declared QA Food Safety edited training for staff of the premises; or is a
	derstand and acknowled	-	
	•	his application forms	n is true and complete to the best of my a legal document and penalties exist for
Re	egistered proprietor's sig	•	Date:

### **Privacy**

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

### **Food Act Registration or Notification**

The Food Act 1984 (the Act) regulates the sale of food for human consumption. From 1 July 2010, a new food premises classification system applies to all food premises operating in Victoria.

If your business sells food you must either register with, or notify Council, in which the premises is located. This information sheet explains whether you will need to register or notify.

There are four classes of food premises. The classification system means that regulatory requirements are matched to the level of food safety risk associated with the food handling activities at different types of premises.

Class 1 has the highest and class 4 the lowest level of legal requirements. Classes 1, 2, 3A and 3 premises must register with Council. Class 4 premises must notify Council.

#### These classes are:

- Class 1: hospitals, child care centres and aged care services which serve high risk food
- Class 2: other premises that handle high risk food unpackaged food
- Class 3A: Preparation and/or cooking of potentially hazardous foods, which are served to guests for immediate consumption at an accommodation getaway premises, or food made using a hot-fill process resulting in a product such as chutney, relish, salsa, tomato sauce or any other similar food.
- Class 3: premises that handle unpackaged low risk food or high risk pre-packaged food, and warehouses and distributors
- Class 4: Notify if your food handling activities are as follows:
  - The sale of shelf stable pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks – for example, newsagents, pharmacies, video stores and some milk bars.
  - The sale of packaged alcohol for example, bottle shops
  - The sale of uncut fruit and vegetables for example, farmers markets, green grocers and wholesalers.
  - o Wine tasking (which can include serving low risk food or cheese).
  - The sale of packaged cakes (excluding cream cakes).
  - The supply of low risk food, including cut fruit, at sessional kindergarten or child care.
  - Simple sausage sizzles at stalls, where the sausage are cooked and served immediately. This means sausages, sauce, onions and bread. (this does not include hamburgers or other high risk foods).

For a full list of class 4 activities go to http://www.health.vic.gov.au/foodsafety

Contact Council to discuss the process for registering your premises as a class 1, 2, 3A or 3 food premises. This will decide whether you require a food safety program and/or a food safety supervisor.

If you operate a supported residential service you will need to inform Council whether the majority of your residents are aged persons.

## Registration period & fees

Fees for registration of new premises are pro rata from date of registration to 31 December. This fee is exempt from GST under Division 81 of the GST Act.

	Class 1	Class 2	Class 3a	Class 3	Class 4	Sporting clubs (Class 2 and 3)
October- March	\$720	\$720	\$585	\$446	\$0	\$123
April-June	\$540	\$540	\$438.70	\$334.50	\$0	\$123
July-September	\$360	\$360	\$292.50	\$223	\$0	\$123

Class:	Fee Payable:	\$				
Payment options						
<b>In person</b> : present this form a of our Service Centres.	nd payment (cash, cheque/money order, eftpos	s or credit card) at one				
<b>By Mail</b> : cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.						
Credit card payment authorisation						
Mastercard	Visa					
I authorise you to charge the following amount to my credit card: \$						
Name on card:						
Credit card number:						
Expiry date (xx/xx):	Signature:					