



## 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 premises (if any): \_\_\_\_\_

Type of premises: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If this is an existing food premises with a current registration, please provide the registration number: \_\_\_\_\_

Complete the following section if the premises type listed above is a mobile food van:

Registration no: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Please indicate the type of water supply used by the premises:

Public water supply  Private water supply (e.g. rainwater tank)

Do the premises have a licence to sell liquor?  Yes  No

If yes, please specify licence type: \_\_\_\_\_

Does your premises have customer seating outside?  Yes  No

Are tobacco products sold?  Yes  No

If yes, is it from a vending machine only?  Yes  No

### Proprietor's details

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Company name (as per ABN): \_\_\_\_\_

ABN: \_\_\_\_\_

Postal address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Food Safety Program In Use – Class 1 and 2 Premises Only (please indicate below)**

- Standard template Using a registered template developed by Department of Health
- Standard Food Safety Program Using any other template registered under the Act
- Proprietary Food Safety Program Non-standard Food Safety Program developed by the proprietor (which is to be audited by a 3<sup>rd</sup> party)
- Quality assurance Food Safety Program Any other non-standard Food Safety Program that is developed under a quality assurance system or code, but only where that system or code has been declared by the department under the Act as suitable for this purpose.

**Food Safety Supervisor**

By ticking this box, I acknowledge that I will ensure that there is an appropriate food safety supervisor for the premises.

A food safety supervisor is not required if the food premises has a declared QA Food Safety Program that includes competency based or accredited training for staff of the premises; or is a community group that is exempt.

I understand and acknowledge that:

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

Registered proprietor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

	<b>Class 1</b>	<b>Class 2</b>	<b>Class 3</b>	<b>Class 4</b>
October- March	\$651	\$651	\$404	\$0
April-June	\$488.25	\$488.25	\$303	\$0
July-September	\$325.50	\$325.50	\$202	\$0

Class: \_\_\_\_\_ Fee Payable: \$ \_\_\_\_\_

**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](http://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 - class 1, class 2, class 3 and class 4. The classification system means that regulatory requirements are better 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 and 3 premises must register with the Council. Class 4 premises must notify the 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 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.
  - Wine tasting (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>

Please do not hesitate to contact Council to discuss the process for registering your premises as a class 1, 2, 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.

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## Payment options

**In person:** present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

**By Mail:** 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: 

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Expiry date (xx/xx): \_\_\_\_\_ Signature: \_\_\_\_\_