

Application to Register a Food Premises



Food Act 1984

Proprietor Details

First Name: _____ Surname: _____

Authority (if Pty Ltd - eg. Director): _____ ABN: _____

Company Name (if applicable - eg. Pty Ltd): _____

Physical Address (must be street address - not a PO BOX): _____

Town: _____ State: _____ Postcode: _____

Phone (w): _____ Phone (h): _____ Phone (m): _____

Email: _____

Postal Address (if different from physical address above): _____

Town: _____ State: _____ Postcode: _____

Premises Details

Trading Name: _____

Address: _____

Town: _____ Postcode: _____

Type of Food Premises (eg. café, take away, supermarket): _____

- | | | |
|--|--------------------------------------|----------------------------------|
| Do you do any offsite catering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you sell at stalls / markets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What type of water supply does your premises use? | <input type="checkbox"/> Reticulated | <input type="checkbox"/> Private |
| Do you sell Tobacco over the counter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you sell Tobacco from a vending machine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a liquor licence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have on-premises dining? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, what is the maximum number of seats provided for on-premises dining? | _____ | |

Food Activity Details

The answers to this section will determine the classification of your food premises – Class 1, 2 or 3.

- 1. Are you a wholesaler / distributor of pre-packaged food?** Yes No
If YES, is this the only food handling activity at you premises? Yes No
If YES, you are classified as a Class 3. Go to section 'Classification' (pg 3).
- 2. Is the food prepared exclusively for people or patients in an aged care service, hospital, or meals on wheels service?** Yes No
If YES, you are classified as a Class1. Go to section 'Classification' (pg 3).
- 3. Is the food prepared or served exclusively for children at a childcare centre?** Yes No
If YES, is the food high risk? Yes No
If YES, you are classified as a Class1. Go to section 'Classification' (pg 3).
- 4. Are you a greengrocer that only sells fruit, vegetables and/or unpackaged foods?** Yes No
If YES, Do you prepare fruit salad, fruit juice or salads? Yes No
If YES, you are classified as a Class 2. Go to section 'Classification' (pg 3).
If NO, do you cut / slice fruits and vegetables? Yes No
If YES, you are classified as a Class 3. Go to section 'Classification' (pg 3).
If NO, you only need to complete the Notification Form. Please contact Council.
- 5. Do you handle food that does NOT require refrigeration?** Yes No
Is any of the food pre-packaged? Yes No
Is any of the food being prepared / made and sold directly to the public? Yes No
Is any of the food being manufactured on the premises to be sold to retail shops / wholesale / distributor? Yes No
Is any of the food being re-packaged? Yes No
- 6. Do you refrigerate, cook and/or reheat food?** Yes No
Is any of the food pre-packaged? Yes No
Is any of the food unpackaged? Yes No
Is any of the food being prepared and sold directly to the public? Yes No
Is any of the food being manufactured on the premises to be sold to retail shops / wholesale / distributor? Yes No

Contact Person at Premises (if not Proprietor)

First Name: _____ Surname: _____
Phone (w): _____ Phone (h): _____ Phone (m): _____
Email: _____
Postal Address: _____
Town: _____ State: _____ Postcode: _____

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Classification

Following discussions with Golden Plains Shire Council about your food handling activities, select your food premises classification below:

Class 1

Class 2

Class 3

For further information visit <https://www2.health.vic.gov.au/public-health/food-safety/food-businesses>

Food Safety Program (Class 1 and Class 2 Premises only)

Acknowledgement

By ticking this box, I acknowledge that there is an appropriate Food Safety Program for the food premises that is available at all times, and appropriate records are being completed as specified in the Food Safety Program.

1. Do you have a Standard Food Safety Program?

Yes

No

If YES, please select the type of FSP that your business adopts and proceed to section: Food Safety Supervisor.

Food Safety Program Template for Class 2 Retails & Food Service Business No 1 Version 2

FoodSmart (online)

Other FSP template registered by the Secretary of Department of Health

2. Do you have a Non Standard Food Safety Program (Independent FSP)?

Yes

No

If YES, has the premises been audited by a DOH approved food safety auditor in the last 12 months?

Yes

No

If YES, please provide a copy of the report with this application.

Food Safety Supervisor (Class 1 and Class 2 Premises only)

Please attach a copy of certificate of competency or course booking receipt.

Name of Food Safety Supervisor: _____

Course code (as specified on competency certificate): _____

Proprietor 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; and,
- That I will ensure that I keep the appropriate business related records (Food Safety Program or Class 3 Minimum Records) required under the Food Act for the premises.

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name.

Proprietor Signature: _____ Proprietor Signature: _____

Proprietor Name: _____ Proprietor Name: _____

Date: _____ Date: _____

Proposed Opening Date: _____

Form Submission, Fee Payment and Privacy Information

2024 Fee Schedule				
<input type="checkbox"/> Class 1 - \$1005.75	<input type="checkbox"/> Class 2 General - \$922.35	<input type="checkbox"/> Class 3 General - \$637.95		
	<input type="checkbox"/> Class 2 Large (>10 staff) - \$1174.20	<input type="checkbox"/> Class 3 Community Group - \$251.85		
	<input type="checkbox"/> Class 2 Community Group - \$251.85	<input type="checkbox"/> Class 3 Wineries - \$503.85		
Month of application – quarterly pro rata applicable:	<input type="checkbox"/> Jan – Mar 100% of fee applies Expires 31 Dec 24	<input type="checkbox"/> Apr-Jun 75% of fee applies Expires 31 Dec 24	<input type="checkbox"/> Jul-Sep 50% of fee applies Expires 31 Dec 24	<input type="checkbox"/> Oct-Dec 100% fee + 25% of renewal fee applies Expires 31 Dec 25

Completed forms must be returned to Golden Plains Shire Council by email; post; or in person at the Bannockburn (2 Pope Street VIC 3331) or Smythesdale (19 Heales Street VIC 3351) Customer Service Centres.

Please indicate how fee payment will be made below:

- Post – cheques are to be made out to Golden Plains Shire Council
- Phone – customer service staff will call to obtain credit card details
- In person – visit Council’s Bannockburn or Smythesdale Customer Service Centres

Privacy Statement – The Golden Plains Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual’s privacy. Council will comply with the Information Privacy Principles as set out in the Privacy and Data Protection Act 2014. Council has in place a standard operating procedure that sets out the requirements for the management and handling of personal information. If you have any queries regarding this Privacy Statement, please contact the Privacy Officer on (03) 5220 7111.