

Application for registration of Food Premises

Food Act 1984

I/we the undersigned hereby apply to register the premises hereunder described:

APPLICANT / PROPRIETOR DETAILS	
Applicant / Proprietors Name	
Company / Business Name (If applicable)	ABN:
	ACN:
Postal address (Used for all correspondence)	
Applicant / Proprietor contact details	Phone:
	Mobile:
Email:	
BUSINESS DETAILS	
Trading Name	
Address	
Contact person at premises (If not proprietor)	
Contact details	Phone:
	Mobile:
Email:	
Type of food premises (Café, bakery, supermarket, etc)	
OR briefly describe type of food sold:	
Are you a community group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the description that best describes your business (Final classification will be advised by Council)	<input type="checkbox"/> CLASS 1 Hospitals, childcare centres and listed facilities for the aged, at which ready-to-eat potentially hazardous food is served <input type="checkbox"/> CLASS 2 Other premises that handle unpackaged potentially hazardous foods or low-risk food is manufactured for which an allergen free claim is made. <input type="checkbox"/> CLASS 3A For some accommodation getaway premises preparing and/or cooking potentially hazardous food for immediate consumption, or home based and temporary food premises that prepare food using a hot-fill process such as chutney, relish, salsa, tomato sauce or any other similar food. <input type="checkbox"/> CLASS 3 Premises handling unpackaged low-risk foods, selling potentially hazardous pre-packaged foods, or the warehousing or distribution of pre-packaged foods. The baking of Sweet and savory foods which do not require temperature control for safety, for a minimum period of 24 hours.

Name of Food Safety Supervisor (Class 1 and 2 only)	Name:		
Food Safety Program (Class 1 and 2 only)	Name of Food Safety Program:		
	<input type="checkbox"/> Proof of qualifications for this Food Safety Supervisor has been provided to Council. If not – a copy must be submitted with this application		
Water Supply Source	<input type="checkbox"/> Mains water connection	<input type="checkbox"/> Private	<input type="checkbox"/> Other
Waste-Water Disposal**	<input type="checkbox"/> Mains Sewer connection	<input type="checkbox"/> Septic	<input type="checkbox"/> Other
Where wastewater disposal is to mains sewer you are required to make contact with Lower Murray Water to discuss your obligations for grease trap facilities. Please attach a copy of the Trade Waste Agreement or a letter advising of your exemption from Lower Murray Water.			
Trading Hours			
Do you sell tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do you have a vending machine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you offer outdoor dining?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Footpath trading permit information can be found at: https://www.swanhill.vic.gov.au/business/permits/footpath-trading/	
Is there a vehicle associated with the business? (Including delivery vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Registration Number:	Make/Model:	
*Do you sell food from a temporary/mobile premises associated with the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, you need to register with <i>Streatrader</i> at: https://streatrader.health.vic.gov.au/		

I/We the Applicant / Proprietor wish to apply to register for the year ending 31 December of each year under the provisions of the Food Act 1984 and declare that all information given is true and correct.	
Signature of Applicant / Proprietor:	Signature of 2nd Applicant/Proprietor:
Print name:	Print name:
Date:	Date:
All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.	

New Registration checklist	
<input type="checkbox"/> Floor plan of the premises attached	<input type="checkbox"/> Copy of the FSP (Food Safety Program)
<input type="checkbox"/> Proof of FSS (Food Safety Supervisor) attached	<input type="checkbox"/> All Parties have signed form
<input type="checkbox"/> Fee for application submitted	<input type="checkbox"/> Lower Murray Water Trade Waste Agreement or letter
Other Council department considerations	
<input type="checkbox"/> Building Department – Permits (significant building works)	<input type="checkbox"/> Planning Department consulted – Permits (use of building, signage on building)
<input type="checkbox"/> Regulatory Services Department – Footpath Trading permit (chairs, signage/goods for sale)	

Office Use Only – (New Registration #122)		
Risk Classification: <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 2C <input type="checkbox"/> 3 <input type="checkbox"/> 3A		
Fee payable: \$	Registration Number:	Sysaid #:
Date paid:	Receipt Number:	Amount paid: \$