

Application for registration of Food Premises

Food Act 1984

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

Premises trading name		
Premises trading address		
Premises contact details	Phone:	Mobile:
	Email:	
Name of proprietor (Company/partnership/individual)		
Postal address (Used for all correspondence)		
Proprietor contact details	Phone:	Mobile:
	Email:	
Contact person at premises (If not proprietor)		
Contact person details	Phone:	Mobile:
	Email:	
Are you a community group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of food premises (Café, bakery, supermarket, etc)		
OR briefly describe type of food sold:		
Please indicate the description that best describes your business (Final classification will be advised by Council)	<input type="checkbox"/> CLASS 1 I handle un-packaged high risk foods for sale to residents of an aged or child care facility.	
	<input type="checkbox"/> CLASS 2 I handle un-packaged high risk foods that require temperature control for sale to the general public. Community group handling ready to eat high risk foods being stored under temperature control before serving	
	<input type="checkbox"/> CLASS 3 I handle pre-packaged high risk foods that require temperature control and/or un-packaged low risk foods for sale to the general public. Community group handling high risk foods that are cooked and served immediately and/or low risk un-packaged foods.	
Name of Food Safety Supervisor (Class 1 and 2 only)		
	<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	

Food Safety Program (Class 1 and 2 only)	<input type="checkbox"/> Department of Health Template for Class 2 Premises <input type="checkbox"/> Food Smart (online) Template for Class 2 Premises <input type="checkbox"/> Community Group Temp/Mobile Class 2 Premises template <input type="checkbox"/> Independent - 3rd Party Audited <input type="checkbox"/> Department of Health Class 3 Premises Minimum Records <input type="checkbox"/> Other - Please specify:
Water supply	<input type="checkbox"/> Mains water connection <input type="checkbox"/> Rain water
Wastewater Disposal	<input type="checkbox"/> Mains sewer connection <input type="checkbox"/> Onsite Disposal
<p>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.</p>	
Days and times of operation	<input type="checkbox"/> N/A Day Open time Close time
Do you sell tobacco? If yes, do you have a vending machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer outdoor dining?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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>Stretrader</i> –ask for details

Signature of proprietor:	Signature of proprietor:
Print name:	Print name:
Date:	Date:

New registrations checklist

- Floor plan of the premises attached
- Proof of FSS attached
- Copy of the FSP (if not DH or Food Smart template) attached
- All parties have signed form
- Fee for application submitted

Other Council department considerations

- Regulatory Services Department – Footpath trading permit (chairs, signage/goods for sale)
- Planning Department consulted – Permits (use of building, signage on building)
- Building Department – Permits (significant building works)

OFFICE USE (AUTH: New registration #122)		
Fee payable:\$	Registration No.:	
Receipt No:	Date paid:	Amount paid: