

# Application to Register a Food Premises - Food Act 1984



Phone: 9217 2277

Email: [publichealth@whittlesea.vic.gov.au](mailto:publichealth@whittlesea.vic.gov.au)

TTY: 133 677 - ask for 9217 2170

Mail: Locked bag 1 Bundoora MDC 3083

Fax: 9409 9863

Council offices: 25 Ferres Boulevard, South Morang

- Please use this form to apply to the City of Whittlesea Council to register a food premises.
- Where tick boxes (☐) appear please tick where applicable.
- Food Act Registration is not official until Council has approved this application.
- Before lodging this application, please check with Council's Building and Planning Departments about permits which may apply before you can proceed with Food Act Registration.

**IMPORTANT before lodging this form you must check these requirements first**

Have you contacted Council's Business Concierge Service Y ☐ N ☐.

Business Concierge can be contacted on [business.concierge@whittlesea.vic.gov.au](mailto:business.concierge@whittlesea.vic.gov.au) or 9217 2180.

Use our [business permit checker](#) to see what types of permits you may need.

I declare that the relevant Council Building & Planning departments have been consulted in relation to permits

I declare that Yarra Valley Water has been consulted about whether a grease trap is required

## Application type

- New Food Business (new fit out of a shop)
- Change of Ownership (buying an existing registered food business or leasing an existing food shop)

## Premises details

Proposed trading name

Trading commencement date

D	D	M	M	Y	Y
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Street address

Suburb & postcode

Brief description of the premises' proposed use including food to be prepared/ stored

Total number of staff including the proprietor

full time  part time

YES NO

Is this a home occupation?

YES  NO

Does the premises have sit in dining?

YES  NO

Does the premises have a license to sell liquor?

YES  NO

Is tobacco sold?

YES  NO

Do you have a tobacco vending machine?

YES  NO

## Proprietor 1 or Company details

Title

First name

Surname

Legal entity name - a trust or trustee is not a legal entity for this application

ABN

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ACN

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Residential address <input type="text"/>	Suburb & postcode <input type="text"/>
Postal address <input type="text"/>	Suburb & postcode <input type="text"/>
Contact numbers Business: <input type="text"/>	Mobile: <input type="text"/>
Email – <i>please provide a regularly monitored email address for recall notifications</i> <input type="text"/>	

**Proprietor 2 (for Partnerships)**

Title <input type="text"/>	First name <input type="text"/>	Surname <input type="text"/>
Residential address <input type="text"/>	Suburb & postcode <input type="text"/>	
Postal address <input type="text"/>	Suburb & postcode <input type="text"/>	
Contact numbers Business: <input type="text"/>	Mobile: <input type="text"/>	
Email – <i>please provide a regularly monitored email address for recall notifications</i> <input type="text"/>		

**Main contact for the business (if not the proprietor)**

Title <input type="text"/>	First name <input type="text"/>	Surname <input type="text"/>
Residential address <input type="text"/>	Suburb & postcode <input type="text"/>	
Contact numbers Business: <input type="text"/>	Mobile: <input type="text"/>	
Email <input type="text"/>		

## Allergen Free Claim Declaration

Are you making an allergen free claim? Yes  No

By ticking yes, I acknowledge that the appropriate labelling has been applied as per Food Standards Australia New Zealand standards

## Food Classification

Following discussion with the Council about your food handling practices, select your food premises classification below as advised by Council's Environmental Health Officer

Classification      Class 1            Class 2            Class 3            Class 3A     

## CLASS 2 Only High-Risk Processes

**Will you be conducting any of the following high-risk processes** Yes  No

**If you answered yes, please tick:**

- sous vide cooking
- preparing sushi that is to be displayed/stored at >5 °C. For example, nori rolls and nigiri pieces
- preparing Chinese-style chicken, roast duck, or BBQ pork
- preparing acidified fermented foods or drinks, for example, sauerkraut, kimchi, kombucha, and kefir
- manufacture of packaged food and/or drinks, for example, packaged and labelled food which is sold at retail stores
- off-site catering
- handling foods that contain raw eggs (unpasteurised) in the products, for example, mayonnaise, aioli, hollandaise, tiramisu, mousse, eggnog, and any other drink
- preparing dehydrated foods
- preparing uncooked fermented sausages/salami
- handling foods that contain raw/rare meats, for example, ceviche, kibbe, steak tartare and mince meat, that does not undergo a pathogen reduction step. This
- any manufactured low-risk food for which any allergen-free claim is made
- any other activity using complex food processes such as pasteurisation, packaging food using modified atmospheric processes or novel/emerging technology without a
- uses water from a private water supply (that is a tank, bore or surface) that is from a non-reticulated supply for drinking or food preparation

## Food Safety Supervisor (FSS) declaration Class 1 and Class 2 High Risk Activities Only

- By ticking this box, I acknowledge that an appropriately qualified food safety supervisor has been appointed for the premises as required under the Food Act 1984

## Nominated Food Safety Supervisor (FSS) Class 1 and Class 2 High Risk Activities Only

PLEASE  
NOTE:

Please provide copies of an accredited Food Safety Supervisor training certificate with this application or evidence to demonstrate training has been arranged.

Title	First name	Surname
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Residential address		Suburb & postcode
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Contact numbers		
Business:		Mobile:
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Email		
<input style="width: 100%;" type="text"/>		

## Standard Food Safety Program Class 1 and Class 2 High Risk Activities Only

Do you have a standard food safety program?      YES       NO

Food safety program template for class 2 retail & food service  
([www.health.vic.gov.au/foodsafety/bus/programs.htm](http://www.health.vic.gov.au/foodsafety/bus/programs.htm))

Food smart  
([www.foodsmart.vic.gov.au/FoodSmartWeb/](http://www.foodsmart.vic.gov.au/FoodSmartWeb/))

Other approved registered template  
Template name: \_\_\_\_\_

## Non-Standard Food Safety Program - Class 1 only

	YES	NO
Do you have a non-standard food safety program (independent FSP)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the FSP been audited by an approved food safety auditor?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the next audit date for the business food safety program	D	D M M Y Y

## Food Safety Program declaration - Class 1 & 2 (High Risk) only

- By ticking this box, I acknowledge and will ensure the appropriate FSP template will be kept on the premises and records retained for at least 2 years from creation.

**Class 3A only  
Food Safety Supervisor (FSS) declaration**

By ticking this box, I acknowledge that an appropriately qualified food safety supervisor has been appointed for the premises as required under the Food Act 1984

**Class 3A only  
Nominated Food Safety Supervisor (FSS)**

PLEASE NOTE: Please provide copies of an accredited Food Safety Supervisor training certificate with this application or evidence to demonstrate training has been arranged.

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	Suburb & postcode	
<input type="text"/>	<input type="text"/>	
Contact numbers		
Business: <input type="text"/>	Mobile: <input type="text"/>	
Email	<input type="text"/>	

**Class 3 (Warehouse and Distributors) only**

By ticking this box, I acknowledge and will ensure the appropriate food suppliers record will be kept on the premises and records retained for at least 2 years from

## Proprietor declaration

- By ticking this box, I understand that: The information provided in this application is true and complete to the best of my knowledge. This application is a legal document and penalties exist for provide false or misleading Information.

## Proprietor/s signatures

If the business is owned by a sole trader or a partnership, the proprietor/s must sign and print names. If the business is owned by a company or association, an authorised signatory may sign on behalf of that body

Signature of proprietor 1

Date

D	D	M	M	Y	Y
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Print name

Signature of proprietor 2

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Print name

Company signatory

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Print name

## Fees

- Please contact Council's Health Services for the fee applicable to your business or refer to [www.whittlesea.vic.gov.au](http://www.whittlesea.vic.gov.au)
- An invoice will be issued to the applicant of this form
- Please note: This application will not be processed until payment has been received

### Free Telephone Interpreter Service

العربية	9280 1904	Italiano	9280 1905	ਪੰਜਾਬੀ	9280 1907	Tiếng Việt	9280 1901
Ελληνικά	9280 1902	Македонски	9280 1905	தமிழ்	9280 1907	Other	9280 1907
हिंदी	9280 1907	简体中文	9280 1904	Türkçe	9280 1903		

## Privacy statement

Council is collecting the information on this application for the purpose of administration and enforcement of the Food Act 1984. The information will be used solely by Council for the primary purpose or directly related purposes. As required under Section 43 of the Food Act 1984, this information will be kept in a register (computerised database). In accordance with section 43(3), a copy of this information must be made available free of charge to any person who requests it. You may access this information by contacting Health Services on 9217 2277