

**Notification of a**

**Class 4 Food Premises**

**Information for Food Businesses – Food Act Registration/Notification**

The Food Act 1984 (the Act) regulates the sale of food for human consumption for all food premises operating in Victoria.

If your business sells food you must either register with, or notify, the council in which the premises is located. This information sheet explains whether you will need to **register** or **notify.**

**Food Act Application for Registration or Notification**

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. In summary, the new 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 – as described below.

**Classes 1, 2 and 3** premises must **register** with the council. Please contact Council’s Business Concierge on 9217 2180 for information about building or planning permits that may be required.

**Class 4** premises must **notify** the council.

You will be a class 4 premises and only need to notify if your only 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, green grocers and wholesalers.-
* The supply of low risk food, including cut fruit, at sessional kindergarten or child care.

**If the only food handling activities at your premises are described above as Class 4, please complete the “Notification of a food premises” form and submit to council for approval.**

For a full list of class 4 activities please refer to the Food Safety Victoria website.

**Notify or Register a temporary or mobile food premises**

If your food activity is conducted in a temporary food stall or mobile food vehicle, you must notify or register with Council using the Department of Health online registration system called **Streatrader.**

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| Phone:  TTY:  Fax: | | | | 9217 2277  133 677 - ask for 9217 2170  9409 9863 | | | | | | | | | | | | | | | Email: [publichealth@whittlesea.vic.gov.au](mailto:publichealth@whittlesea.vic.gov.au)  Mail: Locked bag 1 Bundoora MDC 3083  Council offices: 25 Ferres Boulevard, South Morang | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only | | | | | | | | | | | | Issued: | | | | | | | | | | | | | | | Rec’d: | | | | | | | | | | | | | | | | | | | | | | Ref no: | | | | | | | | | | | | | |
| **Premises details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Trading name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Commencement date: | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Street address | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Suburb & postcode | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Describe the type of food business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Is tobacco sold? | | | | | | | | | | | | | *Please tick 🗸* | | | | | | | | | | |  | | | | | | | 🗆 Yes | | | | | | | | | | 🗆 No | | | | | | | | | | | | | | | | | | |  | |
|  | If yes, is it sold from a vending machine? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🗆 Yes | | | | | | | | | | 🗆 No | | | | | | | | | | | | | | | | | | |  | |
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| **Proprietor details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title | | | | | | |  | | First name | | | | | | | | | | | | | |  | | | | Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Legal entity name | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Residential address | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Contact numbers | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Business: | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | Mobile: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Email | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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| **Business contact if not the proprietor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title | | | | | | |  | | First name | | | | | | | | | | | | | |  | | | | Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Residential address | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Contact numbers | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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| **Food handling activities at the premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please tick 🗸 one or more of the food handling activities from the list below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 🗆 | | | | 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; or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 🗆 | | | | the sale of uncut fruit and vegetables; for example, green grocers and wholesalers or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 🗆 | | | | the handling of low risk food or cut fruit or vegetables and the serving of that food to children at a sessional children’s service; or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 🗆 | | | | the sale of packaged alcohol – for example, bottle shops. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand and acknowledge 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 providing false or misleading information * 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 🗆 | | By ticking this checkbox I confirm that I have read and understood all the statements above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Proprietor signatures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Signature of proprietor 1 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Signature of proprietor 2 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Privacy Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Council is collecting the information on this form 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 withsection 43(3), a copy of this information must be made available free of charge to any person who requests it. You may access thisinformation by contacting Health Services on 9217 2277. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |