5 Lawrence Street, BEAUFORT VIC 3373 ABN 94 924 356 468

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APPLICATION TO REGISTER FOOD PREMISES

Food Act 1984

INFORMATION - REGISTRATION OF A FOOD PREMISES

The Food Act 1984 (the Act) regulates the sale of food for human consumption. 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.

You must attach this page to your application to register a food premises form

Food Act Application for Registration or Notification

There are four classes of food premises – class 1, class 2, class 3 and class 4. The new 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.

Classes 1, 2 and 3 Premises must Register with the Council.

Class 4 Premises must Notify the Council.

Class 1 has the highest and class 4 the lowest level of legal requirements.

- 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.

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, farmers markets, green grocers and wholesalers.
- Wine tasting (which can include serving low risk food or cheese).
- The sale of packaged cakes (excluding cream cakes).
- The supply of low risk food, including cut fruit, at sessional kindergarten or child care.
- Simple sausage sizzles at stalls, where the sausages are cooked and served immediately. This means sausages, sauce, onions and bread. (This does not include hamburgers or other high risk foods).

For a full list of class 4 activities go to http://www.health.vic.gov.au/foodsafety

The only food handling activities at my premises are as described above as Class 4. Please complete a notification of a food premises form and submit to council for confirmation. The food handling activities carried out at my food premises involve other activities that are not listed above as Class 4. You may be required to register - please contact the council to discuss: the process for registering your premises using the application to register a food premises form; and when your premises is a class 1, 2 or 3. This will decide whether you require a food safety program and/or a food safety supervisor.

If you operate a supported residential service you will need to inform the council whether the majority of your residents are aged persons.

Council will ask if you handle or intend to handle high risk foods. This means foods that require temperature control (refrigeration or heating). For example meats, chickens, fish smallgoods, custard, cream, salads, cooked pasta, eggs and sandwiches.

The attached food registration form is not for once off or temporary community group events.

Please contact council find out how to register for these events.

IMPORTANT – Please read the pre-application information section at the beginning of this form which describes Class 4 food handling activities. If your premise type is listed as a Class 4, please complete a notification form instead of this registration form. If you are unsure of your classification please contact us before applying.

Fields marked with an asterisk (*) are mandatory and must be completed

Reason for Application New premises Change of ownership If Change of Ownership, proposed change of ownership date: Title: First Name*: Last Name *: If the proprietor is a company or association specify the name of person completing the application and authority					
»If Change of Ownership, proposed change of ownership date: Title: First Name*: Last Name *: If the proprietor is a company or association specify the name of person completing the application and authority Authority or Position: e.g. Director, Sole proprietor, Partner Business Name:					
Title: First Name*: Last Name *: If the proprietor is a company or association specify the name of person completing the application and authority Authority or Position: e.g. Director, Sole proprietor, Partner Business Name:					
If the proprietor is a company or association specify the name of person completing the application and authority Authority or Position: e.g. Director, Sole proprietor, Partner Business Name:					
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Authority or Position: e.g. Director, Sole proprietor, Partner Business Name:					
e.g. Director, Sole proprietor, Partner Business Name:					
Company name (if applicable):					
Street Address*:					
Suburb / Town*: State*: Postcode*:					
Postal Address*:					
Suburb / Town*: State*: Postcode*:					
Please provide at least one phone number and an email address:*					
Business Phone: After Hours Phone:					
Business Fax: Mobile:					
Email*:					
Section 2: Premises Details					
Trading Name of Premises*:					
Type of food premises * (e.g. Café, Restaurant)					
Premises Address:					
Street Address*:					
Suburb / Town*: State*: Postcode*:					
Postal Address*:					
Suburb / Town*: State*: Postcode*:					

Drinking	Water	and	Wastewater	Details :
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Drinking Water and Wastewater Details.							
Premises Drinking Water Supply (Please tick)		Premises Wastewater Disposal (Please tick)					
	Town/Mains Water			Reticulated Sewera	age		
	Private Tank Water			Septic Tank/Onsite	e Was	tewater System	
Contact person at the Premises (if not the Proprietor)							
First Name: Last Name:							
Business Phone:		After Hours Phone:					
Business Fax:			Mobile:				
Email*:							
Foo	od Vehicle Details (if applicable)						
Registration Number: Make:		Model:		el:			
At what address is the vehicle garaged when not in use? Street Address*:							
Sul	SHEEL AUDIESS .						
Suburb / Town*:				State*: Postcode*:		Postcode*:	

Section 3: Community Group

A community group is a not for profit organisation or a person(s) undertaking a food handling activity solely for the purpose of raising funds for charitable purposes or for a not for profit organisation.

1. Are you a community group that sells food up to two consecutive days at a time and most food handlers are volunteers?	□ Yes	□No
»If NO, go to Section 4: Food related details		
»If YES , go to question 2 below.		
2. Are you selling ready to eat high risk food?	☐ Yes	□No
»If NO, you are classified as a Class 3. Go to Section 5: Classification »If		
YES, go to question 3 below.		
3. Is all of the high risk food cooked on site with the intention of serving immediately?	☐ Yes	□No
»If NO , you are a Class 2 , however you are exempt from the Food Safety		
Supervisor requirements. Go to Section 5: Classification		
»If YES , you are classified as a Class 3 . Go to Section 5: Classification		

Section 4: Food Related Details

This section is to be completed in discussion with your Local Council. The answers 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 your premises?	☐ Yes	□No
2.	Is the food prepared or served exclusively for people or patients in an ages care service, hospital or meals on wheels service?	☐ Yes	□No
	»If YES, you are classified as a Class 1. Go to Section 5: Classification »If NO, go to question 3 below.		
3.	Is the food prepared or served exclusively for children at a childcare centre?	□ Yes	□No
	»If YES, is the food high risk? »If YES, you are classified as Class 1. Go to Section 5: Classification »If NO, go to question 4 below.	□ Yes	□No
4.	Are you a greengrocer that only sells fruit, vegetables &/or packed food?	☐ Yes	□No
	»If YES, do you prepare fruit salad, fruit juice or salads?	☐ Yes	□No
	 »If NO, do you cut/slice fruit and vegetables? »If YES, you are classified as Class 2. Go to Section 5: Classification »If NO, you do not require Food Act registration and only need to complete the notification form unless you also prepare and sell other types of food as well. If unsure please ask your Local Council. 	□ Yes	□No
	s section is to be completed in discussion with the local council. answers will determine the classification of your food premises - Class 1, 2 or 3		
5.	Do you handle any 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 rehe	eat 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 a	and sold directly to the public?	☐ Yes	□No
	»Is any of the food being manufactu	red and sold to retail shops/wholesale/distributor?	☐ Yes	□No
Foll	ection 5: Classification owing discussion with the Council abou sification below as advised by your Cou	t your food handling activities, select your food premise incil:	es	
Foo	od Premises Classification* □ Class 1 □ Class 2 □ Class 3			
For http clas	further information, refer to the Food bos://www2.health.vic.gov.au/public-heasification/foodbusiness-classification-p	t you can complete the remainder of this application for business classifications – predetermined page at: alth/food-safety/food-businesses/food-business-redetermined 1 or 2, go to section: Section 6: Food Safety Program (F.)		
-	-	3, proceed directly to section: Section 9: Declaration.	J. J.	
Cla :	ection 6: Food Safety Pross 1 and 2 food premises only. u must complete either Q1 Standard Forending on the type of program used at	ood Safety Program or Q2 Non Standard Food Safety Pro	ogram,	_
Q1.	 Do you have a Standard Food Safe »If NO Proceed to question Q2 »If YES please select the type of FSP a 	ty Program? ☐ Yes ☐ No nd proceed to section: Section 8: Food safety superviso	or	
□F □C	ood Smart (Online) Other FSP template registered by the Sec	2 Retail & Food Service Businesses No. 1. Version 3 cretary of the Department of Health and Human Service	es	
	please specify below) ne of	Registered number		
	gram	of template		
	»Has the premises been audited by »If the answer is NO, speci program below:	Safety Program (Independent FSP)?	es 🗆 No	
	Date of Name of Food Safety			

Declared QA Food Safety Program					
»Has the FSP been prepared under a QA system or code declared under the Food Act? □ Yes □ No »If NO proceed to section: Section 8: Food safety supervisor »If YES complete the following details:					
Specify the declare or code	d QA system				
	the certificate fro orms with that C e date when the	om the fo	od safety aud	itor confi	firming that the program has been prepared
	le competency be			_	staff of the premises? \square Yes \square No ement.
Section 7: Re	equired Do	ocume	ents		
There are no attachn	nents if you have	e a templa	ate standard f	ood safe	ety program.
 Class 1 Premises - Copy of the non-standard / independent food safety program - A current certificate from an approved food safety auditor indicating that the FSP is adequate only if applicable. Class 2 Premises - A current certificate from an approved food safety auditor stating that the FSP meets the requirements of the Act only if available. If you have not attached the current certificate from an approved auditor – attach a cop of the non- standard/independent food safety program. (Do not attach QA Systems) 					
Please note that a fo	remises only boox I confirm that bod safety super QA food safety p	at I have r visor is no rogram th	ead and unde ot required if nat includes co	the food ompeten	ncy based or accredited training for staff of
Details of your Accre		·	·		
First Name:	suiteu i oou saie	ty Superi	visor (attacii a	Last Na	•
Contact Phone Nun	nber:				
Email:					

Section 9: Declaration

Class 1, 2 & 3 food premises

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

Class 3 food premises only

In addition to the above and by ticking this box, I acknowledge that I will ensure that the appropriate
minimum records required under the Food Act for the premises will be kept.

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.

Applicant's Name *	Date *
Signature *	
Applicant's Name *	Date *
Signature *	

Payment Details

Charges for the registration of premises under the *Food Act 1984* are for the period 1 January to 31 December. Current fees are listed on Council's website.

Pyrenees Shire Council
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The Pyrenees 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 right to privacy. Council will comply with the Information Privacy Principles as set out in the Information Privacy and Data Protection Act 2014. The personal information required on this form will only be used by Council for the purpose of processing this application. The information will not be disclosed to any other party unless Council is required to do so by law. You can view and change the information by contacting Customer Service on 03 5349 1100 during business hours.

To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: https://www.pyrenees.vic.gov.au/privacy