

## Food Act 1984

### APPLICATION TO REGISTER A FOOD PREMISES

Please use this form to apply to Strathbogie Shire Council to **register a new food premises** under the *Food Act 1984*. The *Food Act 1984* regulates the sale of food for human consumption. A summary of the classifications is listed below:

| Food Risk Classification Summary |   |
|----------------------------------|---|
| Class 1                          | <ul style="list-style-type: none"> <li>Hospitals, childcare centres and aged care services which serve high risk food</li> </ul>  |
| Class 2                          | <ul style="list-style-type: none"> <li>Handling of high risk unpackaged foods (ie: Restaurants/café)</li> <li>Manufacturing low risk food with allergen claims</li> </ul>   |
| Class 3A                         | <ul style="list-style-type: none"> <li>Accommodation getaway premises providing food as part of accommodation stay (ie: B&amp;B, motels)</li> <li>Food made using a hot-fill process resulting in products such as jams, chutneys or other similar foods</li> </ul>   |
| Class 3                          | <ul style="list-style-type: none"> <li>Handling unpackaged low risk food</li> <li>Sale of potentially hazardous pre-packaged food</li> <li>Making of sweet or savoury food which do not require temperature control for safety (ie: biscuits, plain cakes)</li> <li>Warehouse or distribution of packaged food</li> <li>Sale of shell eggs</li> </ul> |
| Class 4                          | <ul style="list-style-type: none"> <li>Activities considered to be very low risk such as shelf stable pre-packaged foods, whole fruit and vegetables, some fundraising activities and low risk foods served in kindergartens.</li> </ul> <p><b>Note: Class 4 food premises need to complete a notification form, do not complete this form</b></p>    |

This application should be completed for **Class 1, 2, 3A and 3 premises only**.

Proposed Opening Date: \_\_\_\_\_

| Premises Details   |   |  |   |
|--|---|--|---|
| Address of premises  |   |  |   |
| Trading Name:  |   |  |   |
| Postal Address:  |   |  |   |
| Business Phone:  |   | Mobile:  |   |
| Email:   |   |  |   |
| Proprietor Details   |   |  |   |
| Type of Proprietor:  | <input type="checkbox"/> Company (continue below) | <input type="checkbox"/> Individual (Go to Page 2) | <input type="checkbox"/> Partnership (Go to Page 2) |
| Proprietor – Company/Organisation                                    |   |  |   |
| Name of Company:<br>(*See lodgement requirements on page 3)          |   |  |   |
| Contact person name:   |   |  |   |
| Position in Company (ie: Director/Secretary)                         |   |  |   |
| ABN and/or ACN: (Must match Company name listed on this application) |   |  |   |
| Postal Address:  |   |  |   |
| Business Phone:  |   | Mobile:  |   |
| Email:   |   |  |   |
| Are you a registered charitable organisation:                        |   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No                         |

**Proprietor – Individual**

|                 |  |              |  |
|-----------------|--|--------------|--|
| Surname:        |  | Given names: |  |
| Postal Address: |  |              |  |
| Business Phone: |  | Mobile:      |  |
| Email:          |  |              |  |

**Proprietor – Second Individual/Partner**

|                 |  |              |  |
|-----------------|--|--------------|--|
| Surname:        |  | Given names: |  |
| Postal Address: |  |              |  |
| Business Phone: |  | Mobile:      |  |
| Email:          |  |              |  |

**Premises Information**

|   |   |  |                             |
|---|---|--|-----------------------------|
| Type of food premises and description of food sold (attach a copy of menu):   |   |  |                             |
| Number of food handling employees:<br>(If employees are casual or part-time – determine number of full time equivalent – 38 hrs/wk) |   |  |                             |
| Preferred method of contact for written information:  | <input type="checkbox"/> Postal Delivery        | <input type="checkbox"/> Email                 |                             |
| Preferred Language:   |   |  |                             |
| Trading Hours/Days:   |   |  |                             |
| What type of water supply is available:   | <input type="checkbox"/> Mains                  | <input type="checkbox"/> Private               |                             |
| Will you sell tobacco products:   | <input type="checkbox"/> Yes – Over the Counter | <input type="checkbox"/> Yes – Vending Machine | <input type="checkbox"/> No |
| Will you have dining available:   | <input type="checkbox"/> Yes – Indoor dining    | <input type="checkbox"/> Yes – Outdoor dining  | <input type="checkbox"/> No |
| Will you have a liquor licence:   | <input type="checkbox"/> Yes – List type: _____ |  | <input type="checkbox"/> No |

**Food Vehicle Details (if applicable)**

|  |  |                               |  |
|--|--|-------------------------------|--|
| Registration Number:                     |  | Vehicle make, model & colour: |  |
| Address vehicle garaged when not in use: |  |                               |  |

**Food Classification**

Following discussion with Council's EHO about your food handling activities, please tick classification below:

|                                  |                                  |                                   |                                  |
|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 3A | <input type="checkbox"/> Class 3 |
|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|

**Food Safety Supervisor – Class 1, 2 and 3A food premises only**

|                                    |  |
|------------------------------------|--|
| Name of Food Safety Supervisor:    |  |
| Address of Food Safety Supervisor: |  |
| Contact Number:                    |  |

*(Please provide a copy of the Statement of Attainment from a Registered Training Organisation to demonstrate the nominated Food Safety Supervisor has completed the minimum food safety training competencies.)*

## Food Safety Program - Class 1 and 2 food premises only

**Class 1** – Independent Food Safety Program (FSP) required.  A copy of the FSP is kept at the premises.

**Class 2 – Manufacturers** – Independent Food Safety Program (FSP) required.

### Class 2 – Food Service and Retail Premises – Food Handling Activities

Please tick below if your business will be undertaking any of the following food handling activities:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Sous vide cooking</b> – cooking at less than 75°C where the food is cooked under controlled temperature and time conditions inside vacuum sealed packages in water baths or steam ovens     |
| <input type="checkbox"/> | <b>Acidified/Fermented Foods</b> – examples: sauerkraut, kimchi, kombucha, vegetables preserved in vinegar   |
| <input type="checkbox"/> | Ready to eat food or drink <b>containing raw egg (unpasteurised)</b> – examples: aioli, mayonnaise, tiramisu, mousse   |
| <input type="checkbox"/> | <b>Off-site catering</b> – catering where ready to eat potentially hazardous food is prepared or partially prepared in one location, transported and served at another location by the caterer |
| <input type="checkbox"/> | Making any potentially hazardous foods that <b>does not involve temperature control</b> – examples: sushi, Chinese style meat, chicken and roast duck  |
| <input type="checkbox"/> | <b>Ready to eat raw or rare minced/finely chopped red meats, poultry and game meats</b> – examples: steak tartare, beef carpaccio, rare burger   |
| <input type="checkbox"/> | <b>Any other complex food processing activity</b> – examples: smoked foods, aged meat, dehydration, rehydration, modified atmosphere packaging of food, pasteurisation                         |
| <input type="checkbox"/> | <b>No to all above food handling activities.</b><br>If no to all activities, your business is currently exempt from the requirement to have a Food Safety Program                              |

If your business will be doing **any** of above food handling activities, you will require a Food Safety Program (FSP). Contact Council's Environmental Health Officer for further information.

Type of Food Safety Program: (tick relevant box)

- Independent FSP                       Registered FSP Template (List name): \_\_\_\_\_

## 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.

Note - If the business is owned by a:

- Sole trader or partnership, the proprietor(s) must sign and print name(s)
- Company or association – the applicant on behalf of that body must sign and print their name

Signature:

Signature:

Print Applicants Name:

Print Applicants Name:

Date:

Date:

## Collection Notice

Strathbogrie Shire Council manages your personal information in accordance with its Privacy Policy and the *Privacy and Data Protection Act 2014 (Vic)*. The "personal information" supplied on this application form is collected under the requirements of the *Food Act 1984*. This information may be disclosed to other areas of Council for the purposes of maintaining and updating your registration record and communicating with you in relation to your registration. It may also be provided to the Department of Health for the same purposes and for statistical purposes related to the application of the Act or Regulation. If you do not provide the requested information, we may be unable to process your application. To gain access to your personal information please contact the Council on 5795 0000.

## Lodgement Information

When lodging this application please supply the following documents as supporting information:

- Business Name Registration Certificate
- ABN Registration Certificate

## Registration Application Fees – 2024/25 Adopted Fees & Charges

Registration Fees apply based on the class of premises, the registration period is 1 January to 31 December, annual renewal fees apply. Pro-rata registration fee apply based on the business opening date.

| <b>Food Premises</b>                                    | <b>Registration Fee:<br/>(Pro-rata applies)</b> | <b>New Business<br/>Establishment Fee:</b> |
|---|---|--|
| <b>Class 1 &amp; 2 Food Premises</b>                    | \$639.00  | \$319.50                                   |
| <b>Class 3 Food Premises</b>                            | \$281.00  | \$140.50                                   |
| <b>Food Vehicle &amp; Temporary Stall – Class 2</b>     | \$361.00  | \$180.50                                   |
| <b>Food Vehicle &amp; Temporary Stall – Class 3</b>     | \$224.00  | \$112.00                                   |
| <b>Sporting Clubs/Community Groups (Not for Profit)</b> | \$62.00   |  |

An invoice will be issued once this form has been processed. Payment options will be provided on the invoice.

### Lodgement Details

Please lodge the **COMPLETED** and **SIGNED** form by:

Email - [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au)

Post - **PO Box 177, EUROA VIC 3666**

In person – **Euroa Office** - 109A Binney St, Euroa or **Nagambie Customer Service** - 293 High St, Nagambie.

If you wish to discussion the application,  
please contact Councils Environmental Health Officer by phone – 1800 065 993