

## Application to Register a Food Premises

Food Act 1984

#### **Strathbogie Shire Council**

61 03 57950000 http://www.strathbogie.vic.gov.au

#### Information for Food Businesses - Food Act Registration or Notification

The Food Act 1984 (the Act) regulates the sale of food for human consumption. From 1 July 2010 a new food premises classification system applies to 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**.

Please note: You must attach this page to your application or notification to register, renew or transfer a food premises form.

#### **Food Act Application for Registration or Notification**

There are now 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. 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.

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, 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 <a href="http://www.health.vic.gov.au/foodsafety">http://www.health.vic.gov.au/foodsafety</a>

#### Please tick one of the following:

| 1. The only food handling activities at my premises are as described above                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Please complete a notification of a food premises form and submit to council for confirmation.                                                                                                                          |  |
| 2. The food handling activities carried out at my food premises involve other activities that are not listed above                                                                                                      |  |
| If you ticked box 2, you may be required to register with the council.  Please contact the council to discuss:  • the process for registering your premises using the application to register a food premises form; and |  |

• whether 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, chicken, fish smallgoods, custard, cream, salads, cooked pasta, eggs and sandwiches.

The attached Application to Register a Food Premises form may not be used by your council for community group events. Please contact your council to obtain the appropriate form.





# Application to Register a Food Premises

Food Act 1984

| Council use only    |  |  |
|---------------------|--|--|
| Application date:   |  |  |
| Ledger number:      |  |  |
| Application number: |  |  |

Date of registration:

### **Strathbogie Shire Council**

61 03 57950000 <a href="http://www.strathbogie.vic.gov.au">http://www.strathbogie.vic.gov.au</a>

IMPORTANT - Please read the pre-application information section at the beginning of this form. If your premises is listed as a class 4, please complete a notification form instead of this registration form.

|                                                    | Pro                                        | prietor details                            |                            |
|----------------------------------------------------|--------------------------------------------|--------------------------------------------|----------------------------|
| Title Surname                                      |                                            | Given name(s)                              |                            |
| If the proprietor is a company or coor             | olotion on colfu name of narrow            | completing the application and authority ( | o a Directory of company)  |
| Authority                                          | ciation, specify fiame of person           | Company name (if applicable)               | e.g. Directory of company) |
| Addionty                                           |                                            | Company name (ii applicable)               |                            |
| e.g. Director of company                           |                                            |                                            |                            |
| Street address / Postal address                    |                                            |                                            |                            |
|                                                    |                                            |                                            |                            |
| Suburb / Town                                      |                                            | State Postcode                             |                            |
|                                                    |                                            |                                            |                            |
| Please provide at least one phon<br>Business phone | e number and include the are  Home phone   | ea code<br>Business fax                    | Mobile                     |
|                                                    |                                            |                                            |                            |
| Email                                              |                                            |                                            |                            |
|                                                    |                                            |                                            |                            |
|                                                    | Pre                                        | emises details                             |                            |
| Trading name of premises                           |                                            |                                            |                            |
| Trading name or promises                           |                                            |                                            |                            |
| Premises address                                   |                                            |                                            |                            |
| Street address                                     |                                            |                                            |                            |
|                                                    |                                            |                                            |                            |
| Suburb / Town                                      |                                            | State Postcode                             | ]                          |
|                                                    |                                            |                                            |                            |
| Contact person at premises                         |                                            |                                            |                            |
| Title Surname                                      | Given                                      | name(s)                                    |                            |
|                                                    |                                            |                                            |                            |
| Please provide at least one phone Business phone   | e number and include the are<br>Home phone | ea code<br>Business fax                    | Mobile                     |
|                                                    |                                            |                                            |                            |
| Email                                              |                                            |                                            |                            |
|                                                    |                                            |                                            |                            |
| Type of food premises                              |                                            |                                            |                            |
|                                                    |                                            |                                            |                            |



| Food vehicle details (if applicable)                                                       |                            |                           |                   |                            |         |
|--------------------------------------------------------------------------------------------|----------------------------|---------------------------|-------------------|----------------------------|---------|
| Registration number                                                                        | Make                       |                           | Model             |                            |         |
|                                                                                            |                            |                           |                   |                            |         |
| At what address is the vehicle garaged wh                                                  | en not in use?             |                           |                   |                            |         |
| Street address                                                                             |                            |                           |                   |                            |         |
|                                                                                            |                            |                           |                   |                            |         |
| Suburb / Town                                                                              |                            | State Postco              | de                |                            |         |
|                                                                                            |                            |                           |                   |                            |         |
|                                                                                            | Comm                       | nunity group              |                   |                            |         |
| A community group is a not for profit organ funds for charitable purposes or for a not for | nisation or a person(s) ι  |                           | ing activity sol  | ely for the purpose of rai | sing    |
| Are you a community group that sells food most food handlers are volunteers?               |                            | days at a time and        | O Yes             | ○ No                       |         |
| If NO, go to section: Food related de                                                      | etails                     |                           |                   |                            |         |
| -                                                                                          |                            |                           | ○ Vaa             | ○ No                       |         |
| If YES, are you selling ready to eat high ris                                              |                            | <i>.</i>                  | O Yes             | ○ No                       |         |
| If NO, you are classified as a class                                                       | 3. Go to section: Classi   | tication                  |                   |                            |         |
| If YES, is all of the high risk food cooked of                                             | on site with the intention | of serving immediately?   | ? O Yes           | ○ No                       |         |
| If YES, go to section: Food related of If NO, you are a class 2, however you               |                            | food safety supervisor r  | aquirements (     | 30 to section: Classificat | ion     |
| ii NO, you are a diass 2, nowever y                                                        | od are exempt from the     | Tiood safety supervisor i | equirements. (    | 50 to section. Classificat |         |
|                                                                                            | Food re                    | elated details            |                   |                            |         |
| This section is to be completed in discussic class 1, 2 or 3.                              | on with the local counci   | I. The answers will deter | mine the class    | ification of your food pre | mises - |
| Q1. Are you a wholesaler / distributor o                                                   | f pre-packaged food?       |                           | O Yes             | ○ No                       |         |
| If YES, is this the only food handling                                                     | g activity at your premis  | es?                       | O Yes             | ○ No                       |         |
| If YES, you are classified as a cl                                                         | ass 3. Go to section: C    | lassification             |                   |                            |         |
| If NO, proceed to question 2.                                                              |                            |                           |                   |                            |         |
| Q2. Is the food prepared or served excluservice, hospital, or meals on whee                |                            | patients in an aged car   | e O Yes           | ○ No                       |         |
| If YES, you are classified as a class                                                      | 1. Go to section: Class    | sification                |                   |                            |         |
| If NO, proceed to question 3.                                                              |                            |                           |                   |                            |         |
| O2 Is the food propered or conved eval                                                     | usivoly for children of    | a childagra contro?       |                   | ○ No                       |         |
| Q3. Is the food prepared or served exclining If NO, proceed to question 4.                 | usively for children at    | a chilicale centre :      | 0 163             | <b>)</b> 140               |         |
| If YES, is the food high risk?                                                             |                            |                           | O Yes             | ○ No                       |         |
| -                                                                                          | lana 1. Ca ta agatian, C   | lassification             | ) les             | <b>)</b> 140               |         |
| If YES, you are classified as a cl                                                         | ass 1. Go to section. C    | lassification             |                   |                            |         |
| If NO, proceed to question 5.                                                              |                            |                           |                   |                            |         |
| Q4. Are you a greengrocer that only sel                                                    | Is fruit, vegetables an    | d/or packaged food?       | O Yes             | ○ No                       |         |
| If NO, proceed to question 5.                                                              |                            |                           |                   | _                          |         |
| If YES, do you prepare fruit salad, fi                                                     | uit juice or salads?       |                           | O Yes             | ○ No                       |         |
| If YES, you are classified as a cl                                                         | ass 2. Go to section: C    | lassification             |                   |                            |         |
| If NO, do you cut / slice fruits and ve                                                    | egetables?                 |                           | O Yes             | ○ No                       |         |
| If YES, you are classified as a cl                                                         | ass 3. Go to section: C    | lassification             |                   |                            |         |
| If NO, you do not require Food A                                                           | ct registration. You onl   | y need to complete the r  | notification form | n.                         |         |



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Vic\_BusinessVic\_FoodRegistration\_v3.1a.pdf

| If none of the above applies to your premises, the classification of your premises will                                                       | -            | -        |              |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|--------------|---------------------|
| your food handling activities such as refrigeration and cooking, Please answer the fo in determining whether your premises is a class 2 or 3. | llowin       | ng ques  | tions to     | assist the council  |
|                                                                                                                                               |              |          |              |                     |
| Q5. Do you handle any food that does not require refrigeration?                                                                               | 0            | Yes      | <u> </u>     | lo                  |
| Is any of the food pre-packaged?                                                                                                              | _            | Yes      | <u> </u>     | lo                  |
| Is any of the food being prepared / made and sold directly to the public?                                                                     | $\circ$      | Yes      | $\bigcirc$ N | lo                  |
| Is any of the food being manufactured on the premises to be sold to retail shops / wholesale/distributor?                                     | 0            | Yes      | () N         | lo                  |
| Is any of the food being re-packaged?                                                                                                         | $\bigcirc$ , | Yes      | () N         | lo                  |
| Q6. Do you refrigerate, cook and/or reheat food?                                                                                              | $\bigcirc$   | Yes      | $\bigcirc$ N | lo                  |
| Is any of the food pre-packaged?                                                                                                              | $\bigcirc$ ' | Yes      | $\bigcirc$ N | lo                  |
| Is any of the food unpackaged?                                                                                                                | $\bigcirc$ , | Yes      | $\bigcirc$ N | lo                  |
| Is any of the food being sold prepared and sold directly to the public?                                                                       | $\bigcirc$ ' | Yes      | $\bigcirc$ N | lo                  |
| Is any of the food being manufactured and sold to retail shops/wholesale/distributor?                                                         | $\bigcirc$ , | Yes      | $\bigcirc$ N | lo                  |
|                                                                                                                                               |              |          |              |                     |
| Classification                                                                                                                                |              |          |              |                     |
| Following discussion with the Council about your food handling activities, select your food p your Council:                                   | remise       | es class | ification    | below as advised by |
| Food Premises Classification * Class 1 Class 2 C                                                                                              | lass 3       | }        |              |                     |
| Classification selection is necessary so that you can complete the remainder of this a                                                        | applic       | ation fo | <u>rm.</u>   |                     |
| For further information, refer to the Food Classification Tool at <a href="http://www.foodsmart">http://www.foodsmart</a>                     | .vic.ge      | ov.au/fo | odclas       | <u>ss/</u>          |
| If your food premises is classified as a class 1 or 2, go to section: Food Safety Program (FSP).                                              |              |          |              |                     |
| If your food premises is classified as a class 3, proceed directly to section: Declaration.                                                   |              |          |              |                     |
| Food Safety Program (FSP)                                                                                                                     |              |          |              |                     |
| Class 1 and 2 food premises only.                                                                                                             |              |          |              |                     |
| You must complete either question (1) Standard Food Safety Program or question (2) depending on the type of program used at your premises.    | Non S        | Standar  | d Food       | Safety Program,     |
| Q1. Do you have a Standard Food Safety Program?                                                                                               | $\bigcirc$ , | Yes      | $\bigcirc$ N | lo                  |
| If NO, proceed to question 2.                                                                                                                 |              |          |              |                     |
| If YES, please select the type of FSP and proceed to section: Food Safety Superviso                                                           | r            |          |              |                     |
| Food Safety Program Template for Class 2 Retail & Food Service Businesses No. 1. Version 2                                                    |              |          |              |                     |
| Food Smart (Online)                                                                                                                           |              |          |              |                     |
| Other FSP template registered by the Secretary of Department of Health                                                                        |              |          |              |                     |
| Name of program Registered num                                                                                                                | ber of       | f templa | te           |                     |
|                                                                                                                                               |              |          |              |                     |
| Q2. Do you have a Non Standard Food Safety Program (Independent FSP)?                                                                         | $\bigcirc$   | Yes      | $\bigcirc$ N | lo                  |
| Has the premises been audited by an approved food safety auditor?                                                                             |              | Yes      | () N         | lo                  |
|                                                                                                                                               |              |          |              |                     |



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| Date of audit                                                                                                                                                                                                                                                                           | cify when the premises is to be audited.  Name of Food Safety Program                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| Date of addit                                                                                                                                                                                                                                                                           | Name of Food Safety Frogram                                                                |  |
|                                                                                                                                                                                                                                                                                         |                                                                                            |  |
| Declared QA Food Safety Program                                                                                                                                                                                                                                                         |                                                                                            |  |
| Has the FSP been prepared under a G                                                                                                                                                                                                                                                     | A system or code declared under the Food Act? Yes No                                       |  |
| If NO, proceed to section: Food Sa                                                                                                                                                                                                                                                      | afety Supervisor                                                                           |  |
| If YES, complete the following det                                                                                                                                                                                                                                                      | ails                                                                                       |  |
| <ul> <li>Specify the declared QA s</li> </ul>                                                                                                                                                                                                                                           | system or code:                                                                            |  |
| Audit certificate attached                                                                                                                                                                                                                                                              |                                                                                            |  |
|                                                                                                                                                                                                                                                                                         | ate from the food safety auditor confirming that the program has been or code.             |  |
| If NO, specify the date wh                                                                                                                                                                                                                                                              | nen the audit is to be undertaken                                                          |  |
| Does the ESD include competency has                                                                                                                                                                                                                                                     | sed or accredited training for staff of the premises? Yes No                               |  |
| If YES, you are exempt from the fo                                                                                                                                                                                                                                                      | ·                                                                                          |  |
| ii 120, you are exempt nom the it                                                                                                                                                                                                                                                       | Tod safety supervisor requirement                                                          |  |
|                                                                                                                                                                                                                                                                                         | Required documents                                                                         |  |
| There are no attachments if you have a                                                                                                                                                                                                                                                  | a template standard food safety program                                                    |  |
| Class 1 Premises - copy of the non-standard / independent food safety program Only (1) Copy                                                                                                                                                                                             |                                                                                            |  |
| Class 1 Premises - A current certificate from an approved food safety auditor indicating that the FSP is adequate only if applicable Only (1) Copy                                                                                                                                      |                                                                                            |  |
| 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 Only (1) Copy                                                                                                                    |                                                                                            |  |
| Class 2 Premises - if you have not attached the current certificate from an approved auditor - attach a copy of the non-standard / independent food safety program. (Do not attach QA systems) Only (1) Copy                                                                            |                                                                                            |  |
| Food Safety Supervisor                                                                                                                                                                                                                                                                  |                                                                                            |  |
| Class 1 and 2 premises only.                                                                                                                                                                                                                                                            |                                                                                            |  |
| By ticking this box, I acknowledge                                                                                                                                                                                                                                                      | e that I will ensure that there is an appropriate food safety supervisor for the premises. |  |
| Please note that a food safety supervisor is not required if the food premises:  - has a declared QA food safety program that includes competency based or accredited training for staff of the premises; or - is a community group that is exempt as described on page 2 of this form. |                                                                                            |  |
|                                                                                                                                                                                                                                                                                         | Payment details                                                                            |  |
| 51                                                                                                                                                                                                                                                                                      |                                                                                            |  |

Please contact Council to confirm appropriate fee.



| <b>Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| pest of my knowledge<br>g 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. |  |  |  |  |
| plicant signature                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| e                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |

## **Privacy Statement**

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to <a href="http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html">http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html</a>

## Lodgement

If you intend to post this form please use the details provided below:

Strathbogie Shire Council

PO Box 177 Euroa 3666

Telephone: 61 03 57950000 Fax: 61 03 57953550

Email: info@strathbogie.vic.gov.au Website: http://www.strathbogie.vic.gov.au

