

## Application to Register, Notify or Transfer a Food Premises

Please use this form to notify Alpine Shire Council of your intent to register, notify or transfer a food premises under the Food Act 1984.

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

APPLICANT DETAILS			
Title	*Surname	*Given name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
IF THE PROPRIETOR IS A COMPANY OR ASSOCIATION, SPECIFY NAME OF PERSON COMPLETING THE APPLICATION AND AUTHORITY (E.G. DIRECTORY OF COMPANY).			
Authority	*ABN		
<input type="text"/>	<input type="text"/>		
*Business name	Company name		
<input type="text"/>	<input type="text"/>		
TRUST FUNDS ARE NOT ACCEPTED AS A COMPANY NAME.			
*Business phone	Home phone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Email			
<input type="text"/>			
*Street address			
<input type="text"/>			
*Suburb/town	*State	*Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Postal address <input type="checkbox"/> As Above	Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXISTING PROPRIETOR DETAILS (IF TRANSFER OF REGISTRATION)			
Title	*Surname	*Given name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Authority	*ABN		
<input type="text"/>	<input type="text"/>		
*Business name	Company name		
<input type="text"/>	<input type="text"/>		
*Business phone	Home phone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Email			
<input type="text"/>			

FOOD PREMISES DETAILS
* Trading name
<input type="text"/>
* Type of food premises E.G. CAFE
<input type="text"/>

\*Street address

\*Suburb/town

\*State

\*Postcode

Primary language spoken at premises (to assist with communication in future)

### COMMUNITY GROUPS

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.

Are you a community group?  No  Yes

### FOOD VEHICLE DETAILS (IF APPLICABLE)

Registration number

Make

Model

At what address is the vehicle garaged when not in use?

Street address

Suburb/town

State

Postcode

### CLASSIFICATION

Following discussions with Council about your food handling activities, select your food premises classification below as advised by your Council:

**Classification selection is necessary so that you can complete the remainder of this application form.**

\*Food premises classification

Class 1

Class 2

Class 3A

Class 3

Class 4

For further information refer to [www.health.vic.gov.au/food-safety/food-business-classification](http://www.health.vic.gov.au/food-safety/food-business-classification)

### FOOD SAFETY PROGRAM/ FOOD SAFETY SUPERVISOR (CLASS 1 & 2)

**Class 1 and 2 food premises only.**

\* **Do you have a Standard Food Safety Program?**

Yes, please select the type of FSP and proceed to section: Food safety supervisor

Food Safety Program Template for Class 2 Retail & Food Service Businesses No. 1. Version 3 (**commonly used**)

Food Smart (Online)

Other FSP template registered by the Secretary of Department Health,

Name of Program

Registered number of template

No, please provide Non Standard Food Safety Program (Independent FSP)?

Date of Audit

Name of food safety program

\*Food Safety Supervisor

Email

Phone number

(Refer to [www.health.vic.gov.au/foodsafety/skills\\_knowledge/fss.htm](http://www.health.vic.gov.au/foodsafety/skills_knowledge/fss.htm) for further information).

**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

### FOOD HANDLING ACTIVITY AT THE PREMISES

Type of food handling activity:

EG, PRE-PACKAGED LOW RISK FOOD SUCH AS CONFECTIONERY, SAUSAGES THAT ARE COOKED AND SERVED IMMEDIATELY, HIGH RISK READY TO EAT FOOD.

## REQUIRED DOCUMENTS

There are no attachments FSP if you have a template standard food safety program

### Class 1 Premises

- Nominated Food Safety Supervisor's course completion certificate.
- Copy of the non-standard / independent food safety program Only one Copy
- A current certificate from an approved food safety auditor indicating that the is adequate only

### Class 2 Premises

- Nominated Food Safety Supervisor's course completion certificate
- 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 non- standard food safety program, attach a copy of the non-standard /independent food safety program. (Do not attach QA Systems)

## 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 Council Privacy statement located at: [www.alpineshire.vic.gov.au](http://www.alpineshire.vic.gov.au).

## 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.

Class 3 and 4 food premises

\* 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).

company or association - the applicant on behalf of that body must sign and print their name.

### New Proprietor

\*Print applicant's name

\*Signature

\*Date

\*Print applicant's name

\*Signature

\*Date

### Existing Proprietor (If transfer of registration)

\*Print applicant's name

\*Signature

\*Date

## LODGEMENT

You can lodge your form by doing the following:

In person: 2-6 Churchill Ave, Bright VIC 3741

Post: Alpine Shire Council, PO Box 139, Bright VIC 3741

Email: [health@alpineshire.vic.gov.au](mailto:health@alpineshire.vic.gov.au)

## PAYMENT DETAILS

Cash, credit card and cheque – payments can be made in person at Council's main office. Alternatively, credit card payments can be made over the phone, to use this option contact customer service on 03 5755 0555.

Regardless of payment option, applications will not be processed until payment has been received

Class 4 is a notification, payment is not required

Transfer fee = 50% Annual fee