This application form is for a plans approval for a food, health or accommodation premises. This type of plans approval is not mandatory but is highly recommended. Getting this approval means that your plans, as submitted, comply with the relevant legislation and regulation so that you can avoid expensive remedial works later.

Two sets of plans should be submitted and drawn to scale not less than 1:100 and clearly show the premises layout, fixtures, fittings and equipment. A description of materials to be used for all surfaces including floors, walls, benches etc should be provided. For Council to properly assess your plans it is recommended that the plans be prepared by a draftsman or similar qualified person. Hand drawn plans will only be acceptable if plans are drawn as described above.

Please note that plans may also be required to be submitted to Council's Town Planning and/or Building for approval and that necessary Town Planning and/or Building Permits may need to be obtained.

# PROPRIETOR/COMPANY DETAILS

|  |
| --- |
| Please tick one of the following to indicate the operational structure of the business:  ⭘ Sole trader ⭘Partnership ⭘ Company ⭘ Incorporated association  |
| **Name of Proprietor:** |  |
| **Contact Name:** |  |
| **Proprietor’s contact****details:** | Phone: | Mobile: |
| Email: |

**BUSINESS AND PREMISES DETAILS**

|  |  |
| --- | --- |
| **Name of business** |  |
| **ABN/ACN:** |  |
| **Business Address:** |  |
| **Postal Address:** |  |
| **Business contact details:** | Phone: |
| **Waste water:** | * Sewer ⭘ Septic
 |
| **Water Supply:** | * Tank water
* Town water
* Both
 |
| **I have plans for a:**(multiple may apply) | * Food business ► **Complete sections marked A**
* Health or beauty business ► **Complete sections marked B**
* Accommodation business ► **Complete sections marked C**
 |

|  |
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| **Type of business you will be operating**Complete the section relevant to the type of business you are operating. |
| **A** | **What type of food business are you establishing?** | * Take away/Restaurant/Cafe ⭘ Home Business
* Manufacturer ⭘ Convenience Store
* Packaged food only ⭘ Child/Aged Care
* Other (Specify):
 |
| **Do you have a grease trap on site?** | * Yes ⭘ No
 |
| **B** | **What health and beauty services will you offer at your premises?** | * Beauty Therapy ⭘ Colonic irrigation
* Hairdresser (only) ⭘ Make up
* Tattooing
* Skin penetration (microblading/ear piercing)
* Other (Specify):
 |
| **C** | **What type of accommodation will be available at the premises?** | * Residential accommodation ⭘ Holiday camp
* Student dormitory ⭘ Hostel
* Hotel/motel ⭘ Rooming house
* Other (Specify):
 |

**SITE PLAN CHECKLIST**

|  |
| --- |
| **Site Plan Checklist (Please tick)**Use the checklist relevant to the type of business you are operating below to ensure your plans include the following details before submitting your application to our Environmental Health Unit. |
| **A** | * Fridges and freezers
* Shelving
* Storage areas
* Cooking equipment e.g. fryers, stove
 | * Toilets
* Waste disposal
* Hand wash basins
* Food preparation sinks
 | * Mechanical exhaust ventilation
* Equipment washing sinks or dishwasher with rinse cycle > 80 degrees C
 |
| * Surface finishes of all walls, floor, ceiling and work areas are smooth and impervious e.g. Food grade washable gloss paint of light colour, stainless steel, floor covering epoxy resin
 |
| **B** | * Equipment storage
* Equipment washing sinks
* Hair wash basins
* Handwash basins
 | * Chemical storage room
* Toilets
* Sharps disposal
 | * Treatment/nail tables
* Treatment chairs
* Ventilation
 |
| * Surface finishes of all walls, floor, ceiling and work areas are smooth and impervious e.g. white tiles, gloss paint of light colour
 |
| **C** | * Bedrooms (including m2)
* Number of persons per room
* Kitchens
* Laundry
* Equipment storage
* Common areas
 | * Smoke alarms (must be hard-wired)
* Bathrooms
* Toilets
* Chemical storage
 | * Floorings
* Windows
* Doors
* Ventilation
* Lighting
 |
| **ALL** | * I have attached floor plans to enable a formal assessment of plans to be undertaken with this application.
 |
| I have contacted all the following Business Units before submitting this application to the Environmental Health Unit.* Council’s Statutory Planning Unit – (new/existing permits, change of use)
* Council’s Building Unit - (fit out of proposed structural changes)
* Council’s Community Safety Unit – (A-frame signage, outdoor dining permit)
* Your local Water Authority (trade waste agreement and grease traps)
 |

**DECLARATION**

I understand and acknowledge that upon paying the registration fee for this premise that:

* The information provided in this application is true and complete to the best of my knowledge, and;
* The application forms a legal document and penalties exist for providing false or misleading information.

|  |  |  |
| --- | --- | --- |
| **Applicant signature/s** |  |  |
| **Name** |  |  |
| **Date** |  |  |

Council will generate a tax invoice after receiving your application. Once you have received your tax invoice, payment can be made.

**PRIVACY STATEMENT**

*Moorabool Shire Council (MSC) is committed to full compliance with its obligations under the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). All personal information collected by MSC will be used for MSC’s business purposes and kept confidential. It will not be disclosed to third parties unless MSC is required to disclose the information under other legislation or disclosure is necessary to complete the purpose for which it is sought. You may request access and/or correction of your personal information held by Council, by contacting Council’s Privacy Officer on 5366 7100 or via* *info@moorabool.vic.gov.au* *Please note that failure to provide the requested information may result in a delay in processing your application or your application being declined. I hereby consent to receiving correspondence by email and understand that I can unsubscribe at any time.*