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 this is for assessment under the Food Standards Code only. Plans may 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.

|  |  |
| --- | --- |
| **Plans approval fee:** | $253.40 |

**CONTACT CHECKLIST**

|  |
| --- |
| Please ensure that you have contacted the following before submitting this application to the Environmental Health Team:  |
| [ ]  **Council’s Statutory Planning department:** new/existing planning permits, change of use.[ ]  **Council’s Building department:** fit out of proposed structural changes.[ ]  **Council’s Community Safety department:** A-frame signage, outdoor dining permit.[ ]  **The local water authority:** trade waste agreement and grease traps. |

**PROPRIETOR DETAILS**

|  |
| --- |
| **Proprietor type:**  |
| [ ] Sole trader  [ ] Partnership  [ ] Company [ ] Incorporated association |
| **Name of proprietor***If the proprietor is a company or incorporated association, provide the company’s or association’s name. If the proprietor is an individual or partnership, provide the name of the person/s.* |
|  |
| **ABN/ACN:** |  |
| **Proprietor’s contact details:** | Phone:  | Mobile**:**  |
| Email: |
| **Postal address:** |  |

**PROPOSED BUSINESS DETAILS**

|  |  |
| --- | --- |
| **Trading name:**  |  |
| **Onsite contact person:** |  |
| **Onsite contact person’s details:** | Phone: | Mobile: |
| Email: |
| **Business address:** |  |
| **Type of food premises** | [ ]  **Aged care, childcare, hospital**  |
| [ ]  **Takeaway, restaurant, café, supermarket** |
| [ ]  **Manufacturer of high-risk or allergen free items** |
| [ ]  **Greengrocer, bakery retailer** |
| [ ]  **Manufacture of low-risk product** |
| [ ]  **Packaged products that require refrigeration** |
| [ ]  **Cooking potentially hazardous foods for immediate consumption at an accommodation premises** |
| **Wastewater:** | [ ]  Sewer [ ]  Septic  |
|  **Is there a grease trap onsite?** | [ ]  Yes Reference number from water authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No  |
|  **Water supply:** | [ ]  Mains water [ ]  Tank water  |

**SITE PLAN CHECKLIST**

|  |
| --- |
| **Please use the below checklist to ensure your plans include the following details, if they are applicable to your business, before submitting your application to Council.** |
| [ ] Fridges and freezers | [ ]  Hand wash basins |
| [ ]  Shelving | [ ]  Storage areas |
| [ ] Cooking equipment (stove, fryers, ect) | [ ]  Toilets |
| [ ]  Waste disposal facilities | [ ]  Mechanical exhaust ventilation |
| [ ]  Food preparation sinks | [ ]  Equipment washing sinks/commercial dishwasher |
| [ ]  Surface finishes of all walls, floor, ceiling and work areas (eg. Food grade washable gloss pain in a light colour, stainless steel, epoxy resin) |

**DECLARATION**I/We 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.

|  |  |  |
| --- | --- | --- |
| **Proprietor signature:** |  |  |
| **Name:** |  |  |
| **Position:** |  |  |
| **Date:** |  |  |

For payments, Council will generate an invoice after receiving your application. Please be aware that invoices can take up to 5 business days to be generated. Once you have received your invoice, payment can be made via the following options:

* Post bill pay
* B-pay
* Cheque
* Over the phone with Council’s Customer Service on 5366 7100
* In person at one of the Council offices (Ballan, Darley, or Lerderderg Library)

**PRIVACY STATEMENT**
*Your personal information is being collected by Moorabool Shire Council for the purpose of assessing your food business under the Food Standards Code. Your information will be stored in the Health Manager database and will be used solely by Council for this purpose or a related secondary purpose unless in accordance with the provisions of the Privacy and Data Protection Act 2014. This information will be used to identify you when communicating with Council and for the delivery of services and information. Failure to provide some or all of this information may result in your application not being processed. Requests for access and/or correction should be made to Council’s Privacy Officer. For further information on how your personal information is handled, refer to Council’s Privacy Policy at* [*www.moorabool.vic.gov.au*](http://www.moorabool.vic.gov.au/)*.*