I/We, the undersigned, hereby apply to registerunder the provisions of the *Food Act 1984* the premises described below with Moorabool Shire Council. Please be aware that Council’s registration fees are pro rata and may differ depending on when the application form is submitted to Council.

**PROPRIETOR AND BUSINESS DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick one of the following to indicate the operational structure of the business:   |  | | --- | | Sole trader  Partnership  Company Incorporated association | | | | | |
| **Is this a new or existing food business?** | New business Existing business  *All new food businesses will incur an establishment fee of $253.40* | | | |
| **Name of proprietor:** |  | | | |
| **Trading name:** |  | | | |
| **ABN/ACN:** |  | | | |
| **Proprietor’s contact details:** | Phone: | | Mobile: | |
| Email: | | | |
| **Contact person (if different from proprietor):** |  | | | | |
| **Contact person’s details:** | Phone: | Mobile: | | | |
| Email: | | | | |
| **Business address:** |  | | | | |
| **Postal address:** |  | | | | |
| **Food premises type:** | Takeaway foods | | | Manufacturer | |
| Restaurant/Café | | | Childcare/Aged care/Hospital | |
| Grocer | | | Supermarket/Convenience store | |
| Packaged food only | | | Other (specify): | |
| **Classification and fees:** | Class 1 (Childcare /Aged Care/Hospital) Fee: $738.00  Class 2 (Take-away/Restaurant/Café) Fee: $738.00  Class 3 (High Risk Packaged or Shelf Stable Products) Fee: $519.10  *Are you a manufacture making an allergen-free product?*  *Yes > your premises is a class 2.*  *No > your premises is a class 3.*  Class 3A (Cooking of potentially hazardous foods for immediate consumption at an accommodation premises) Fee: $519.10 | | | | |
| **No. of full-time kitchen employees:** |  | | | | |
| **Wastewater:** | Sewer  Septic | | | | |
| **Is there a grease trap onsite?** | Yes  Reference number from water authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | | | | |
| **Water supply:** | Mains water  Tank water | | | | |

**FOR CLASS 1 BUSINESSES ONLY**

|  |  |
| --- | --- |
| ***A copy of the your premises’ food safety program and a Certificate of Adequacy from a Dept. of Health approved food safety auditor must be provided with your application.*** | |
| **Food Safety Supervisor:**  Qualifications must be attached |  |

**FOR CLASS 2 BUSINESSES ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Will your premises be conducting any of the following?**  *Please be aware that you are required to have a food safety program.* | Sous vide | Sushi | End products that contain raw egg |
| Fermentation | Cured meats | Offsite catering |
| **Food Safety Supervisor:**  Qualifications must be attached |  | | |

**FOR CLASS 3A BUSINESSES ONLY**

|  |  |
| --- | --- |
| **Food Safety Supervisor:**  Qualifications must be attached |  |

**REGISTRATION CHECKLIST**

|  |
| --- |
| I have contacted all of the following before submitting this application to the Environmental Health Team:  **Council’s Statutory Planning Department:** new/existing 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. |

**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.

|  |  |  |
| --- | --- | --- |
| **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 registering your food business as required under the Food Act 1984. 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/)*.*