

Application to Register/ Renew a Food Premises

Food Act 1984



Questions marked with an asterisk (*) are mandatory and must be completed

Council specific information

Please use this form to apply to Moira Shire Council to register a food premises. Please note this registration is not official until Council has approved the application.

Proprietor details

Proprietor

Title*	Surname*	Given Name(s)*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address *			
<input type="text"/>			
Suburb / Town *	State *	Postcode *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include your email address *			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*			
<input type="text"/>			

Premises Contact Details

Contact for this application (if not the proprietor)

Title*	Surname*	Given Name(s)*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include the your email address *			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*			
<input type="text"/>			

Premises details

ABN	ACN	
<input type="text"/>	<input type="text"/>	
Business Trading Name	Company Name	
<input type="text"/>	<input type="text"/>	
Street address*		
<input type="text"/>		
Suburb / Town *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide at least one phone number and include the email address *		
Preferred Phone	Email*	
<input type="text"/>	<input type="text"/>	
What type of food is prepared / sold?	<input type="text"/>	

Classification

Following discussion with council about your food handling activities select your food premises classification, below.

Food Premises Classification Class 1 Class 2 Class 3

Food Safety Supervisor

Class 1 and 2 premises only.

By ticking this box, I acknowledge that I will ensure that there is an appropriate food safety supervisor for the premises.

Food Safety Program (FSP)

Class 1 and 2 food premises only.

You must complete either question (1) Standard Food Safety Program or question (2) Non Standard Food Safety Program, depending on the type of program used at your premises.

Q1. Do you have a Standard Food Safety Program?

Yes No

If NO, proceed to question 2.

If 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
 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 Number of Template

Q2. Do you have a Non Standard Food Safety Program (Independent FSP)?

Yes No

Has the premises been audited by an approved food safety auditor?

Yes No

If the answer is NO, please specify when the premise is to be audited.

Date of audit

Name of Food Safety Program

Water Supply

Please choose the water supply that your business uses:

Please select all those that apply

Private Water Supply : Rain Water Tank Bore Water Channel Dam Transported Water
Public Water Supply

Sale of Tobacco Products

By ticking this box I confirm that I sell tobacco products.

Stretrader Details

Is the Food Business registered on Stretrader? *

Yes No

If yes, Stretrader Registration Number:

Declaration

Class 1, 2 & 3 premises

I understand and acknowledge that:

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

If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name

By ticking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Signature of person completing this application *

Date *

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](#) on the website.

The personal information collected on this form will be used only for the administration of the Moira Shire Council Food Registration Services. Your personal information may be used or disclosed to organisations directly involved in the delivering of the service, as required by law or with your consent.

Lodgement

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

Moira Shire Council

Telephone: 03 5871 9222

Po Box 578, Cobram 3643

Fax: 03 5872 1567

Email: info@moira.vic.gov.au

Website: <http://www.moira.vic.gov.au>

