



Application to Transfer a Food Premises

Food Act 1984

Information for Food Businesses - Food Act Registration or Notification

The Food Act 1984 (the Act) regulates the sale of food for human consumption. From 1 July 2010 a new food premises classification system applies to all food premises operating in Victoria.

If your business sells food you must either register with, or notify, the council in which the premises is located. This information sheet explains whether you will need to **register** or **notify**.

Please note: You must attach this page to your application or notification to register, renew or transfer a food premises form.

Food Act Application for Registration or Notification

There are now four classes of food premises - class 1, class 2, class 3 and class 4. The new classification system means that regulatory requirements are better matched to the level of food safety risk associated with the food handling activities at different types of premises.

Class 1 has the highest and class 4 the lowest level of legal requirements. In summary, the new classes are:

- Class 1 - hospitals, child care centres and aged care services which serve high risk food.
- Class 2 - other premises that handle high risk food unpackaged food.
- Class 3 - premises that handle unpackaged low risk food or high risk pre-packaged food, and warehouses and distributors.
- Class 4 - as described below.

Classes 1, 2 and 3 premises must **register** with the council.

Class 4 premises must **notify** the council.

You will be a class 4 premises and only need to notify if your **only** food handling activities are as follows:

- the sale of shelf stable pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks - for example, newsagents, pharmacies, video stores and some milk bars.
- the sale of packaged alcohol - for example, bottle shops.
- the sale of uncut fruit and vegetables - for example, farmers markets, green grocers and wholesalers.
- wine tasting (which can include serving low risk food or cheese).
- the sale of packaged cakes (excluding cream cakes).
- the supply of low risk food, including cut fruit, at sessional kindergarten or child care.
- simple sausage sizzles at stalls, where the sausages are cooked and served immediately. This means sausages, sauce, onions and bread. (This does not include hamburgers or other high risk foods).

For a full list of class 4 activities go to <http://www.health.vic.gov.au/foodsafety>

Please tick one of the following:

1. The only food handling activities at my premises are as described above

Please complete a notification of a food premises form and submit to council for confirmation.

2. The food handling activities carried out at my food premises involve other activities that are not listed above

If you ticked box 2, you may be required to register with the council.

Please contact the council to discuss:

- the process for registering your premises using the application to register a food premises form; and
- whether your premises is a class 1, 2 or 3. This will decide whether you require a food safety program and/or a food safety supervisor

If you operate a **supported residential service** you will need to inform the council whether the majority of your residents are aged persons.

Council will ask if you handle or intend to handle high risk foods. This means foods that require temperature control (refrigeration or heating). For example meats, chicken, fish smallgoods, custard, cream, salads, cooked pasta, eggs and sandwiches.

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IMPORTANT – Please read the pre-application information section at the beginning of this form. If you plan to alter the type of food handled at the premises, you should discuss this with the council as it may alter your food premises classification.

Existing Proprietor details

Proprietor 1

Title	Surname	Given name(s)
<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	Business name (and company if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Proprietor 2

Title	Surname	Given name(s)
<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	Business name (and company if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Premises details

Current Trading Name

I/We hereby consent to Loddon Shire Council transferring the Food Act registration for the premises detailed within this application.

Existing proprietors signature

Print existing proprietors name

Date

Existing proprietors signature

Print existing proprietors name

Date



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New Proprietor details

Proprietor 1

Title	Surname	Given name(s)
<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	Business name (and company if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Proprietor 2

Title	Surname	Given name(s)
<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	Business name (and company if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Premises details – please update all details

Trading Name

Premises address

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email



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Contact person at premises (if not the proprietor)

Title Surname Given name(s)

Suburb / Town State Postcode

Please provide at least one phone number and include the area code

Business phone Home phone Business fax Mobile

Email

Food vehicle details (if applicable)

Registration Number Make Model

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

Suburb / Town State Postcode

Type of food premises

Community group

A community group is a not for profit organisation or a person(s) undertaking a food handling activity solely for the purposes of raising funds for charitable purposes or for a not for profit organisation.

Are you a community group that sells food for up to two consecutive days at a time and most food handlers are volunteers? YES NO
If NO, go to section: **Food related details**

If YES, are you selling ready to eat high risk food? YES NO
If NO, you are classified as a class 3. Go to section: **Classification**

If YES, is all the high risk food cooked on site with the intention of serving immediately? YES NO
If YES, go to section: **Food related details**
If NO, you are a class 2, however you are exempt from the food safety supervisor requirements. Go to section: **Classification**

Food related details

This section is to be completed in discussion with the local council. The answers will determine the classification of your food premises - class 1, 2 or 3.

Q1 Are you a wholesaler / distributor of pre-packaged food? YES NO

If YES, is this the only food handling activity at your premises?

If YES, you are classified as a class 3. Go to section: Classification, If NO, proceed to question 2.

Q2 Is the food prepared or served exclusively for people or patients in an aged care service, hospital, or meals on wheels service? YES NO

If YES, you are classified as a class 1. Go to section: Classification, If NO, proceed to question 3.

Q3 Is the food prepared or served exclusively for children at a childcare centre? YES NO

If NO, proceed to question 4.

If YES, is the food high risk? YES NO

If YES, you are classified as a class 1. Go to section: Classification, If NO, proceed to question 5.

Q4 Are you a greengrocer that only sells fruit, vegetables and/or packaged food? YES NO

If NO, proceed to question 5

If YES, do you prepare fruit salad, fruit juice or salads? YES NO

If YES, you are classified as a class 2. Go to section: Classification

If NO, do you cut / slice fruits and vegetables? YES NO

If YES, you are classified as a class 3. Go to section: Classification

If NO, you do not require Food Act registration. You only need to complete the notification form.

If none of the above applies to your premises, the classification of your premises will depend upon the risk associated with your food handling activities such as refrigeration and cooking, Please answer the following questions to assist the council in determining whether your premises is a class 2 or 3.

Q5 Do you handle any food that does not require refrigeration YES NO

Is any of the food pre-packaged? YES NO

Is any of the food being prepared / made and sold directly to the public? YES NO

Is any of the food being manufactured on the premises to be sold to retail shops /wholesale/distributor? YES NO

Is any of the food being re-packaged? YES NO

Q6 Do you refrigerate, cook and/or reheat food? YES NO

Is any of the food pre-packaged? YES NO

Is any of the food unpackaged? YES NO

Is any of the food being sold prepared and sold directly to the public? YES NO

Is any of the food being manufactured and sold to retail shops/wholesale/distributor? YES NO



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Classification

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

Food Premises Classification	Class 1	Class 2	Class 3
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Classification selection is necessary so that you can complete the remainder of this application form

For further information, refer to the Food Classification Tool at <http://www.foodsmart.vic.gov.au/foodclass>

If your food premises is classified as a class 1 or 2, go to section: **Food Safety Program (FSP)**.

If your food premises is classified as a class 3, proceed directly to section: **Declaration**.

Food Safety Program - CLASS 1 AND 2 FOOD PREMISES ONLY

You must complete either Q1. Standard Food Safety Program OR Q2. 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:

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, please provide details

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 YES, complete the following details

Specify the declared QA system or code:

Attach the certificate from the food safety auditor

confirming that the program has been prepared under and conforms to that QA system or code

Audit certificate attached YES NO

If NO, specify the date when the audit is to be undertaken

Does the FSP include competency based or accredited training for staff of the premises? YES NO

If YES, you are exempt from the food safety supervisor requirement



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Food Safety Supervisor - CLASS 1 AND 2 FOOD PREMISES ONLY

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 that is exempt as described on page 3 of this form

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

A copy of your nominated Food Safety Supervisors qualifications that demonstrate that he/she has completed the required units of competency must be attached to your application

Copy of qualifications attached. YES NO

Additional details – ALL PREMISES

Q1 Do you sell Tobacco ? YES NO

If YES, Is it sold from a Vending Machine that can be accessed by the public YES NO

Q2 Do you have sit in Dining? YES NO

Q3 Do you have a liquor license? YES NO

If NO please go to Q4
If YES, please complete

What is your licence number?

What type of licence do you have?	BYO Permit	General	Full Club	Packaged Liquor
	Pre-retail	Limited	Vigneron's	Restricted club

Q4 What are your Trading Hours?

Monday	<input type="text"/>	Tuesday	<input type="text"/>	Wednesday	<input type="text"/>
Thursday	<input type="text"/>	Friday	<input type="text"/>	Saturday	<input type="text"/>
Sunday	<input type="text"/>	Other	<input type="text"/>		



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Declaration

Class 1, 2 and 3 premises

I understand and acknowledge that:

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

Class 3 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
- If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name

Applicant signature

Print applicant name

Date

Applicant signature

Print applicant name

Date

Office Use Receipt Number: _____ Date: _____

Loddon Shire Council
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