

Notification of a FIXED Class 4 Food Premises

Food Act 1984

IMPORTANT – This form is applicable to FIXED Class 4 food businesses ONLY trading from the one address indicated.

Premises/Business/Trading Location Details

Trading name of premises (*Business Trading name*)

Premises/Business Trading address (*location address of where you will be trading/storing from*)

Street Number

Street address

Suburb / Town

State

Postcode

Please provide at least one contact number (include the area code) & email

Business phone

Mobile

Business fax

Home phone

Email

Contact person at premises/business

Title

Surname

Given name (s)

Contact person email:

Contact person phone details:

Type of food premises (Must specify)

Brief description of food prepared/sold/supplied/stored

Preferred Language:

Does the premises have a licence to sell liquor? YES/NO

Is Tobacco Sold? YES/NO

If so, from a vending machine? YES/NO

Number of Staff working at the Premises/Business (including self and volunteers)

Full Time:

Part Time:

Casual:

Volunteers

What primary type of water supply does your premises use? Public source:

Private source:

Proprietor/Licensee details

Title

Surname

Given name(s)

Company name (if applicable):

ABN/ACN:

Street number & address / Postal address (*This address will be used for all correspondence/mail*)

Suburb / Town

State

Postcode

Please provide at least one contact number (include the area code) & email

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Food related details

Type of food handling activity (*tick all that are relevant*):

A food premises/business at which the only food handling activities are one or more of the following:

<input type="checkbox"/>	Pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks. Eg: newsagents, pharmacies, video stores, some milk bars or prescribed accommodation
<input type="checkbox"/>	Biscuits, tea or coffee
<input type="checkbox"/>	Pre-packaged/unopened alcohol
<input type="checkbox"/>	Wine tasting for members of the public, which may include the serving of cheese
<input type="checkbox"/>	Storage of pre-packaged foods/drinks
<input type="checkbox"/>	Whole (uncut) fruit or vegetables
<input type="checkbox"/>	The handling of low risk food or cut fruit or vegetables and the serving of that food to children at a sessional children service.

Declaration

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

Signatures

Full names MUST be printed clearly

Applicant 1

Name Signature Date / / 20

Applicant 2

Name Signature Date / / 20

If signing on behalf of a company please specify your position -

If you have outdoor street dining or an A-Frame at your premises, please contact Local Laws on (03) 5471 1700

How to lodge your application

In person –

Mount Alexander Shire Council
Corner Lyttleton Street & Lloyd Street
CASTLEMAINE VIC 3450
Office hours – 8.30am – 5pm Monday to Friday

By mail -

Environmental Health
Mount Alexander Shire Council
PO Box 185
CASTLEMAINE VIC 3450

Proposed Opening Date

Please allow a minimum of 15 business days for processing **PROPOSED OPENING DATE** / / 20

Further Enquiries

Environmental Health Services

Phone (03)5471 1700

Email info@mountalexander.vic.gov.au

Disclaimer

Mount Alexander Shire Council will only use the personal information you provide in or with this form for matters relating to your registration in accordance with the information Privacy Act 2001 (Vic) and Mount Alexander Shire Council Privacy Policy.