

Notification of a Food Premises



Food Act 1984

Proprietor Details

First Name: _____ Surname: _____

Authority (if Pty Ltd - eg. Director): _____ ABN: _____

Company Name (if applicable - eg. Pty Ltd): _____

Physical Address (must be street address - not a PO BOX): _____

Town: _____ State: _____ Postcode: _____

Phone (w): _____ Phone (h): _____ Phone (m): _____

Email: _____

Postal Address (if different from physical address above): _____

Town: _____ State: _____ Postcode: _____

Premises Details

Trading Name: _____

Street Number: _____ Street: _____

Town: _____ Postcode: _____

Type of Food Premises (eg. café, take away, supermarket): _____

- | | | |
|--|--------------------------------------|----------------------------------|
| Do you do any offsite catering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you sell at stalls / markets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What type of water supply does your premises use? | <input type="checkbox"/> Reticulated | <input type="checkbox"/> Private |
| Do you sell Tobacco over the counter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you sell Tobacco from a vending machine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a liquor licence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have on-premises dining? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, what is the maximum number of seats provided for on-premises dining? | _____ | |

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Food Activity Details

The only food handling activities which occur at the premises (for the sale of food) include:

<input type="checkbox"/>	Pre-packaged low risk food such as confectionary, crisps, frozen ice cream, milk, bottled drinks. (Eg. newsagents, pharmacies, video stores and some milk bars)
<input type="checkbox"/>	Sausages that are cooked and served immediately, with or without onions cooked at the same time, and bread and sauce – when cooked and sold by a non-profit body.
<input type="checkbox"/>	Wholesale of whole (uncut) fruit or vegetables.
<input type="checkbox"/>	Low risk food or cut fruit or vegetables and the serving of that food to children at a session children's service (for children aged 3-5 years where children may attend for no more than 5 hours per day).
<input type="checkbox"/>	A wine tasting which may include the serving of cheese or low risk food that has been prepared and is ready to eat.

Please describe in detail those activities undertaken:

Proprietor Declaration

I understand and acknowledge that:

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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

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

Proprietor Signature: _____ Proprietor Signature: _____

Proprietor Name: _____ Proprietor Name: _____

Date: _____ Date: _____

Completed forms must be returned to Golden Plains Shire Council by email; post; or in person at the Bannockburn (2 Pope Street VIC 3331) or Smythesdale (19 Heales Street VIC 3351) Customer Service Centres.

Golden Plains Shire Privacy Statement – The Golden Plains Shire considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's privacy. Council will comply with the Information Privacy Principles as set out in the Privacy and Data Protection Act 2014. Council has in place a standard operating procedure that sets out the requirements for the management and handling of personal information. If you have any queries regarding this Privacy Statement, please contact the Privacy Officer on (03) 5220 7111.