APPLICATION TO REGISTER A FOOD PREMISES

Registration Number:

Yarriambiack SHIRE COUNCIL

I/We the undersigned hereby apply for Ɔregistration
Ɔrenewal of registration

under the provisions of the *Food Act 1984* the premises described hereunder. For the period ending **31 December 2025**

Return form and payment by mail to:
PO Box 243
WARRACKNABEAL 3393
Or in person:
Shire offices
34 Lyle St WARRACKNABEAL
75 Lascelles St HOPETOUN

Queries? Telephone 5398 0100

PROPRIETOR DETAILS:

Name: **(must be person or company name, Trading name not acceptable)**
Postal Address:

BUSINESS DETAILS:

Trading Name:	**ABN**:
Premises Address:	
Contact Details: Contact Name:	Position:
Business phone: Proprietor phone:	Mobile:
Email:	Fax:
Food Vehicle: (*if food vehicle only then show address where vehicle is normally garaged above*) vehicle use: Ɔ mobile food vendor Ɔfood transport make and model:	Registration plate:
Description of premises: (eg café, milk bar, hotel etc)	Number of full time staff:
Is Tobacco sold? Yes/No	If so, only from a vending machine? Yes/No
Does the Premises have sit-in dining? Yes/No	How many tables?
Does the Premises have outdoor dining? Yes/No	How many tables?
Does the premises have a license to sell liquor? Yes/No	Type:

FOOD SAFETY PROGRAM DETAILS:

DO NOT leave this section blank. If you are unsure of FSP details contact Council's Environmental Health Officer on the Queries number above.

Type: (please indicate which of the 3 options is applicable)	Ɔ**Standard FSP (Template)**	Ɔ**Non Standard FSP (Independent)** (must have 3rd party auditor)	Ɔ **FSP Exempt**
	Name or no. of template: (eg foodsmart, dhs template no.1etc)	Auditor Name: Auditor Registration No:	Selling low risk (non-perishable) prepackaged foods only. Example, confectionary, soft drinks
Food Safety Supervisor: (A name must be provided)		**Date of Certification:** (Must be within five years)	

Class 1 Premises Registration Fee: $345.00
Class 2 Premises Registration Fee: $280.00
Class 3 Premises Registration Fee: $125.00
Class 3 Community Groups Fee: $105.00

Office use only
Receipt no.
Ledger no. 2231 2091 Entered HM Ɔ

FEE PAID $_____

SIGNATURE OF APPLICANT: **DATE** / /

This information is collected under the requirements of the Food Act for enforcement and Public Health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with The Department of Human Services Information Privacy Principles and the Information Privacy Act.