



Wyndham City Council
 PO Box 197
 WERRIBEE VIC 3030
 Ph: 03 9742 0777
[Wyndham City Council Website](#)

Application to Register a Food Premises

Food Act 1984

HLF _____

Council Use Only	
Lodgement Date:	<input type="text"/>
Receipt Number:	<input type="text"/>
Lodgement Officer:	<input type="text"/>

PROCESSING TIME: 10 WORKING DAYS

COUNCIL SPECIFIC INFORMATION

Please use this form to notify Wyndham City Council of your intent to register a Food Premises. Please note the registration is not official until Wyndham City Council has approved the application.

BUILDING AND PLANNING REQUIREMENTS

Prior to lodging this application you must consult with our Town Planning and Building Departments.

Have you contacted Council's building department about this application: YES NO

Have you contacted Council's planning department about this application: YES NO

IMPORTANT: YOU MUST OBTAIN WRITTEN CONSENT FROM OUR TOWN PLANNING DEPARTMENT BEFORE COMPLETING THIS FORM

Have you obtained written consent from Council's planning department? YES NO

Type of consent provided by Town Planning

- Letter (please attach a copy)
- Consent entered on council system

Applicant Signature:

To contact Building/Planning department please contact Wyndham City on 03 9742 0777

DOCUMENTS REQUIRED TO BE ATTACHED

IMPORTANT: YOUR APPLICATION WILL NOT BE PROCESSED IF THE FOLLOWING IS NOT ATTACHED

- Detailed Food Menu (must include all food items intended for sale)
- Detailed Floor Plans of Food Premises (refer to attached 'example of proposed food premises floor plan')
- Food Safety Supervisor Certificate (applicable to Class 1 & 2 premises only)

APPLICANT DETAILS

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

Title* Mr Mrs Ms Other (please specify)

Surname* Given Name(s)*

Company Name (if applicable)

Company name should end with Pty Ltd
eg: Hair & Makeup Pty Ltd

ABN*

ACN (if applicable)

Street Address/Postal Address* Suburb/Town* State* Postcode*

Please provide at least on phone number and include area code*

Business Phone After Hours Phone Business Fax Mobile

Email address

Are you the proprietor/business owner? YES NO

If you are not the proprietor/business owner you are required to fill out the next section

PROPRIETOR/BUSINESS OWNER DETAILS

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

Title* Mr Mrs Ms Other (please specify)

Surname* Given Name(s)*

*If the proprietor/business owner is a company or association, specify name of person completing the application and authority (eg. Director of Company)

Authority eg: Director of company

Company Name (if applicable)

Company name should end with Pty Ltd
eg: Hair & Makeup Pty Ltd

ABN*

ACN (if applicable)

Street Address/Postal Address *Suburb/Town* State* Postcode*

Please provide at least on phone number and include area code*

Business Phone After Hours Phone Business Fax Mobile

Email address

Primary Language spoken at the premises* (to assist with communication in the future)

SECONDARY CONTACT DETAILS

Please provide council with a secondary contact person who council can contact if business owner cannot be contacted

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

Title* Mr Mrs Ms Other (please specify)

Surname* Given Name(s)*

Street Address/Postal Address* Suburb/Town* State* Postcode*

Please provide at least on phone number and include area code*

Business Phone After Hours Phone Business Fax Mobile

Email address

PREMISES DETAILS

Business Trading Name

PREMISES ADDRESS

Street Address/Postal Address* Suburb/Town* State* Postcode*

Please provide at least on phone number and include area code*

Business Phone After Hours Phone Business Fax Mobile

Email address

Proposed Opening Date:

Business Operating Hours:

BUSINESS TYPE

Please select one of the following:

Home Business Commercial Business Floor Area sqm

If your business is a home based food premises please answer the following questions:

How will the food be sold: (ie at markets/festivals, delivered to customers, food will be picked up from the home)

Does the premises meet the home occupation checklist? (refer to attached checklist)

YES NO

PLEASE NOTE: If you are planning on selling food at an event or market, you will also need to register with Streatrader. For further information regarding Streatrader please contact the Environmental Health Unit on 9742 0738 or visit the [Streatrader Website](#)

Please select your food premises classification **Class 1 - Food being prepared or served exclusively for people or patients in an:**

- Aged care service*
- Hospital*
- Childcare*
- Meals on wheels service*

Please list the types of food sold below: ***Proposed menu MUST be attached**

 Class 2 – Food premises selling or handling unpackaged food requiring temperature control.

- Café's, deli's, takeaway premises, restaurants*
- Home business manufacturing high risk products that require refrigeration such as cakes containing cream, custard, homemade ganache*
- Community group – Food is cooked, refrigerated and then re-heated or food served does not involve a kill step such as home-made mayonnaise - Non-profit, all food handlers are volunteers*
- Sporting Club - No restaurant or gaming - Not for profit community groups such as volunteer run school canteens*
- Other food business handling unpackaged high risk food*

Please list the types of food sold below: ***Proposed menu MUST be attached**

 Class 3 - Food premises selling or handling unpackaged food that does not require temperate control and/or pre-packaged food requiring temperature control

- Pre-packaged food that requires temperature control*
- Un-packaged food that does not require temperature control*
- Re-packaging food that does not require temperature control*
- Greengrocer that only sells cut fruit, vegetables &/or packaged food*
- Home business selling low risk baked products that do not require refrigeration such as cakes without cream, custard*
- Wholesaler / distributor of food - food is sold to other food businesses.*
- Community group – Cooked on site and served immediately -Non-profit, all food handlers are volunteers*
- Sporting Club - No restaurant or gaming - Not for profit community groups such as volunteer run school canteens*

Please list the types of food sold below: ***Proposed menu MUST be attached**

FOOD SAFETY PROGRAM

Which food safety program will you be using:

Class 2 food premises only

- Department of Health Food Safety Program Template for Class 2 food business
- Other Food Safety program registered and approved by the Department of Health

Name of Food Safety Program

Registered Template Number

Class 1 (and other third party audited) food premises

- Non Standard Food Safety Program (Independent FSP)

FOOD SAFETY SUPERVISOR

Class 1 and 2 food premises only

Name of Food Safety Supervisor

**You MUST attach a certificate of competency*

Accepted Course Codes

Hospitality - Businesses such as restaurants, cafes and hotels

- SITXFSA001 'Use hygienic practices for food safety'
- SITXFSA002 'Participate in safe food handling practices'

Health - Businesses such as hospitals, child care centres, aged care centres

- HLTFSE001 'Follow basic food safety practices'
- HLTFSE005 'Apply and monitor food safety requirements'
- HLTFSE007 'Oversee the day-to-day implementation of food safety in the workplace'

Please note:

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 operates for two consecutive days or less

FEES

FOR INITIAL FEES CONTACT COUNCIL ON 03 9742 0738

Fee:

Date Paid:

Receipt No:

How to pay:

By cash, cheque or credit card – if you know the fee to be paid, include payment when delivering the form by post, fax or in person. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

Please note: Once your premises is operating, you will be required to renew your registration on a yearly basis.

ACKNOWLEDGEMENT

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application is 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.

Applicant Signature

Applicant Signature

Print Applicant Name

Print Applicant Name

Date

Date

LODGEMENT

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

Wyndham City Council

PO Box 197
WERRIBEE VIC 3030

Ph: 03 9742 0777

Fax: 03 9742 6355

Email: mail@wyndham.vic.gov.au

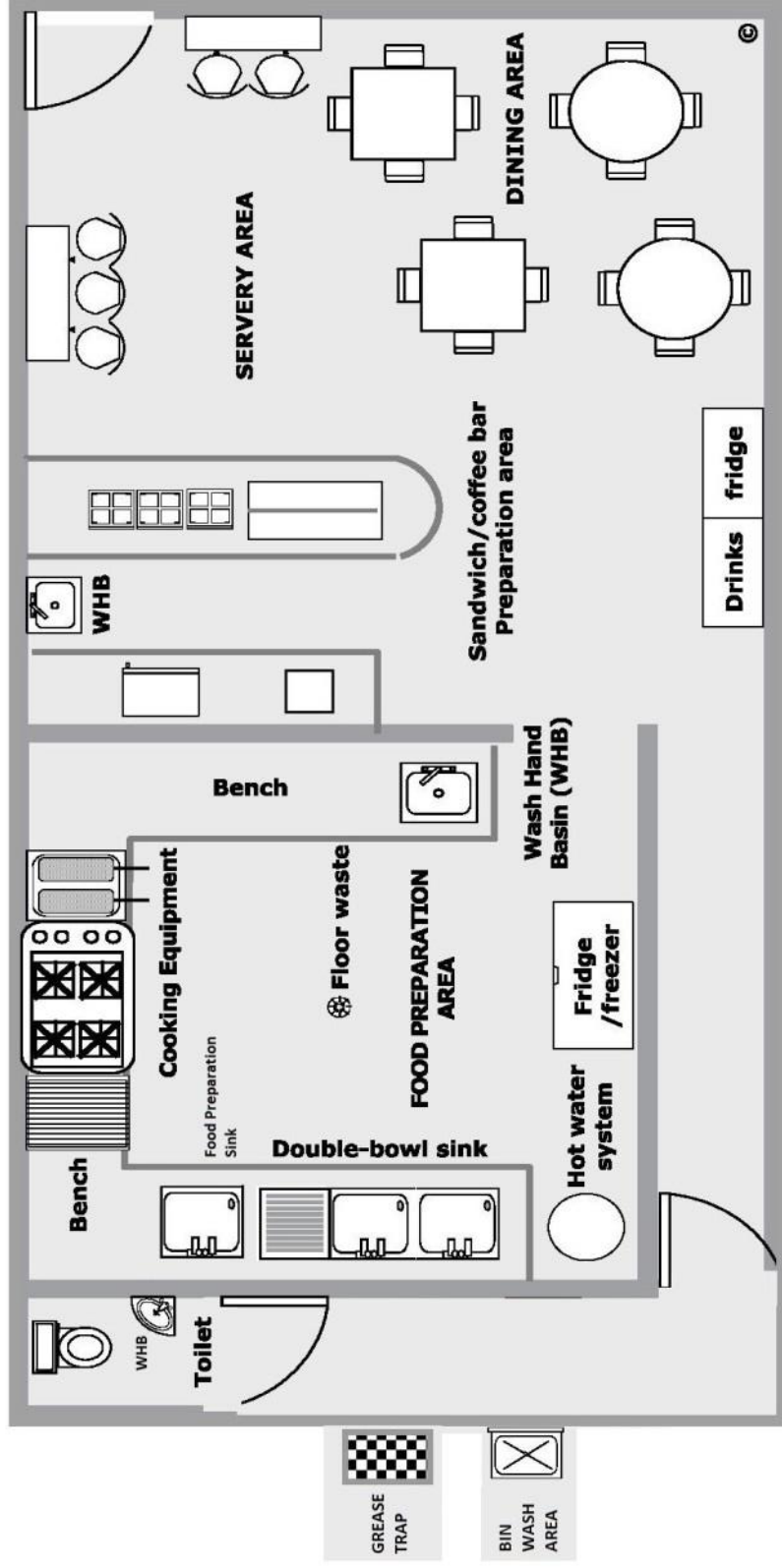
Website: [Wyndham City Council Website](#)

PRIVACY

Privacy Collection Statement

Your personal information is being collected by Council for Environmental Health Department purposes. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you. For further information on how your personal information is handled, visit [Council's Privacy Policy](#).

Example of a proposed Food Premises Floor Plan



KEY

Please provide details on the following items -

1. Floor finish
2. Coving
3. Wall and ceiling surfaces
4. Finish of benches & shelving
5. Canopy/mechanical exhaust
6. Grease trap (cannot be located in food preparation area)
7. Wash-hand basin, liquid soap & paper towelling
8. Floor waste
9. Bin storage
10. Cleaning/chemical equipment & storage
11. Personal belongings storage
12. Equipment such as bain-maries, microwaves, etc
13. Lighting

The above is an **example** of how a proposed **Food Premises layout plan** should be presented to the Environmental Health Section. This plan must include the type and location of all fittings and fixtures.