



Wyndham City Council

PO Box 197

WERRIBEE VIC 3030

Ph: 03 9742 0777

[Wyndham City Council Website](http://www.wyndhamcity.vic.gov.au)

Notification of a Food Premises Food Act 1984

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

HLF _____

COUNCIL SPECIFIC INFORMATION

Please use this form to notify Wyndham City Council of your intent to register a Health 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')

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](#)

Food handling activity at the Premises**Class 4**

A food premises at which the sale to members of the public are one or more of the following:

- Pre-packaged low risk food such as confectionery, crisps, frozen ice cream, bottled drinks. For example, newsagents, pharmacies, video stores and some milk bars; or
- Sausages that are cooked and served immediately, with or without onions cooked at the same time, and bread and sauce when cooked and sold at a temporary food premises or by a non-profit body; or
- Packaged or covered cakes (other than cakes with a cream filling) at a temporary premises by a community group; or
- Biscuits, tea or coffee (with or without milk or soymilk) at a temporary premises by a community group; or a wine tasting for members of the public, which may include the serving of cheese or low risk food that has been prepared and is ready to eat; or
- the sale to members of the public or the wholesale of whole (uncut) fruit or vegetables; or the handling of low risk food or cut fruit or vegetables and the serving of that food to children at a sessional children's service.

Please list the types of food sold below:

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

Print Applicant Name

Date

Applicant Signature

Print Applicant Name

Date

LODGEMENT

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

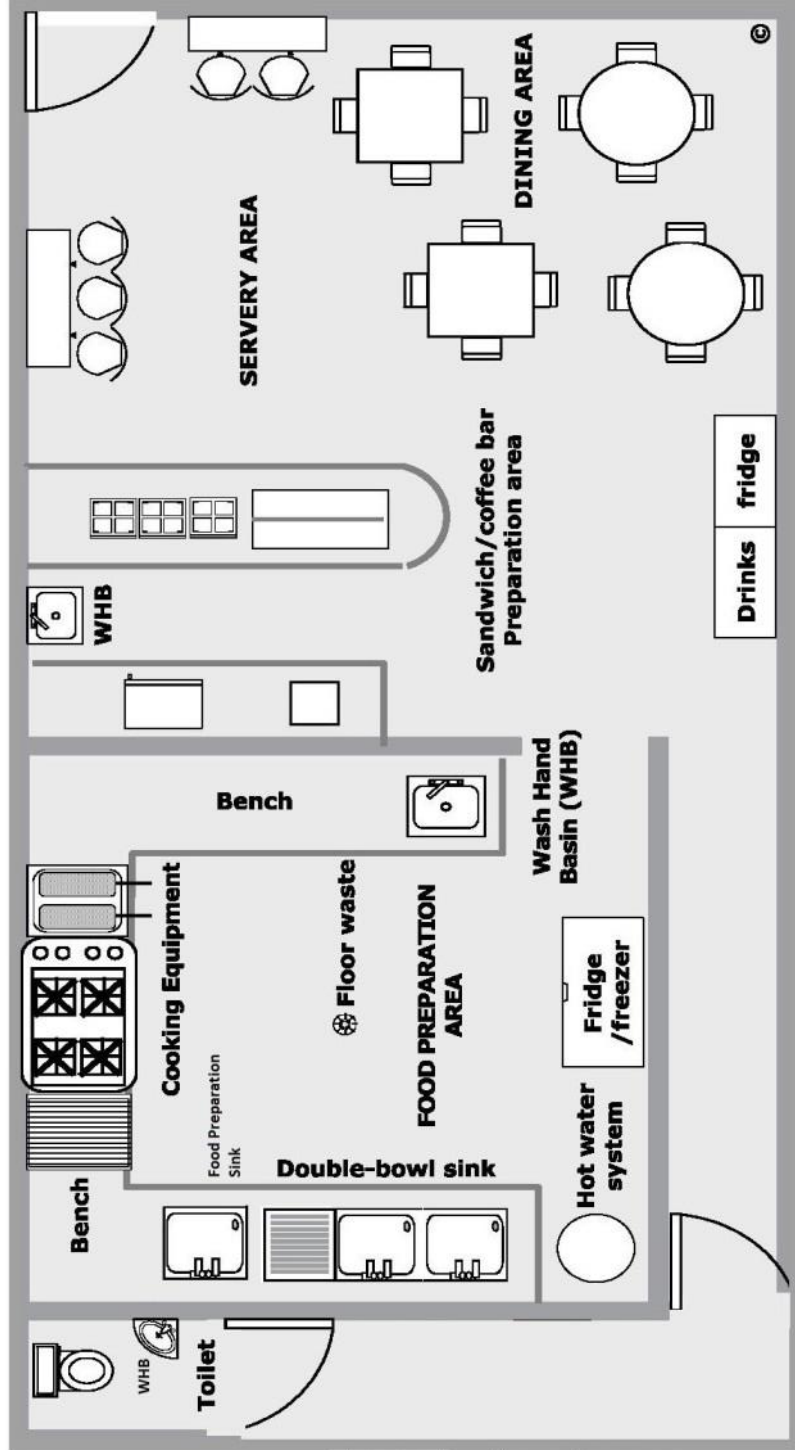
Wyndham City Council
PO Box 197
WERRIBEE VIC 3030

Ph: 03 9742 0777
Fax: 03 9742 6355
Email: mail@wyndham.vic.gov.au
Website: [Wyndham City Council Website](#)

PRIVACY

Your personal information is being collected by Wyndham City Council under the laws administered by Local Government. Your information will be stored in Council's Customer Database and used to deliver Council services to you in accordance with Council's Privacy Policy. For further information on how your personal information is handled, visit Council's Privacy Policy at http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy

Example of a proposed Food Premises Floor Plan



KEY

Please provide details on the following items -

1. Floor finish
2. Covings
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 hair-matrics, 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.