What you need to do

Application for Registration

of Food Business – Class 2

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**Privacy policy**

This information is collected by the City of Port Phillip under the requirements of the Food Act for enforcement and Public Health purposes. It may be provided to the

Department of Health and Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance

with CoPP Information Privacy Policy and the Information Privacy Act.

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| **Complete the form** | **Submit application** | **Receive your invoice** |
| Make sure all sections are complete and you have supplied all supporting documents | Submit your application at any Port Phillip Town Hall or via email | Once your application is processed you will receive an invoice for payment |

Read before starting

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| This registration is for the current calendar year. Renewals for the next calendar year will be sent out by email and mail.  This application forms a legal  document and penalties exist for providing false or misleading information. |  | **How to apply**  Submit this form and required supporting documentation: | | **Further information**  03 9209 6292 | |
|  | Envelope | healthservicesunit@  portphillip.vic.gov.au |  | portphillip.vic.gov.au/councilservices/ business-in-portphillip/business- permits/food-business-permit |
|  | Envelope | Health Services  City of Port Phillip  Private Bag 3  St Kilda VIC 3182 |  |  |

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| **1** | **Declaration** | | | | |
|  | The information provided in this application is true and complete to the best of my knowledge |  | I/we have signed this application  I have attached the Food Safety  Supervisor’s Certificate of  Attainment | Indicate whether this is a new or existing business | |
|  | New  Change of Ownership |

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| **2** | **Business owner’s details** |  |  |  |  |

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|  | If the business is owned by an individual or partnership all owners must complete and sign. | | | | | | | | | | | | | |
|  | **If you are registering as an individual or business** | | | | | | | | | | | | | |
|  | **Owner 1** | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **Owner 2** (if applicable) | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **If you are registering as a company** | | | | | | | | | | | | | |
|  | Company name | | | | | | ACN | | | | | | | |
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|  | Authority (the person authorised to make application on behalf of the company) | | | | | | | | | | | | | |
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|  | **Owner’s contact details** | | | | | | | | | | | | | |
|  | Postal address | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  | Suburb | | | | | | | | State | | | Postcode | | |
|  |  | | | | | | |  |  |  | |  | |  |
|  | Phone number | | Mobile phone number | | | | | | | | | | |  |
|  |  |  |  | | | | | | | |  | | | |
|  | Email | | | | | | | | | | | | |  |
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| **3** | **Business details** |  |  |  |  |

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|  | Type of food premises (eg: restaurant, takeaway, bakery) | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  | Trading name | | | | | | | | ABN | | | | | |
|  |  | | | | | | |  |  | | | | |  |
|  | **Business address** | | | | | | | | | | | | | |
|  | Unit number |  | Number |  | Street name | | | | | | | | | |
|  |  |  |  |  |  | | | | | | | | |  |
|  | Suburb | | | | | | | | | State | | Postcode | | |
|  |  | | | | | | |  | |  |  |  | |  |
|  | Number of employees working on your busiest day | | | | | | Hours of operation (eg: Mon-Fri 9-5, Sat 10-4) | | | | | | | |
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| **4** | **Manager’s details** |  |  |  |  |

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|  | Manager’s name | | | | |
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|  | Best number to contact you on | | Email address | | |
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| **5** | **Food safety supervisor details** |  |  |  |  |

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|  | A food safety supervisor must have completed accredited training. Their role is to train staff, supervise food handling in the business and make sure it’s done safely. | | | | | | |
|  | **Food safety supervisor** | | | | | | |
|  | First name | | | | Last name | | |
|  |  | | |  |  | |  |
|  | Best number to contact you on | | Email address | | | | |
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| **6** | **High Risk Processes** |  |  |  |  |

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|  | **Question 1** | | |  | | | | | | | | |
|  | Do you conduct one or more of the following high-risk activities? Please tick below processes | | | | | | | | | | | |
|  | Sous vide cooking (cooking at less than 75 degrees Celsius) where food is cooked under controlled temperature and time inside vacuum sealed packages in water baths or steam ovens  Any potentially hazardous food that does not involve temperature control to minimise the growth of pathogenic organisms; e.g. food including sushi, cured meats, Chinese style roast meats  Preparation of acidified/fermented foods or drinks that are ready to eat and have a high level of acidity required to keep food safe, acid may be naturally present or added or produced by the food (due to microbial activity); e.g. kombucha, sauerkraut, century eggs  Preparation of ready to eat foods containing raw unshelled eggs (unpasteurised)  Preparation of ready to eat raw or rare minced/finely chopped red meats  Preparation of ready to eat raw and rare poultry and game meats  Off-site catering where ready to eat potentially hazardous food is prepared or partially prepared in one location, transported to another location, where the food is served at a catering even  Other complex food processes such as pasteurisation, modified atmospheric packaging, dehydration or any process that does not involve the use of temperature control to minimise the growth of pathogenic or toxigenic organisms processes | | | | | | | | | | | |
|  | **A business that conducts one or more of the above high-risk process is required to keep a Food Safety Program** | | | | | | | | | | | |
|  | A food safety program is a written plan that shows what a business does to ensure that the food it sells is safe for all people to eat. It must be kept in the business at all times | | | | | | | | | | | |
|  | **Question 2** | | | **Question 3** | | | | | | | | |
|  | Do you have a Standard Food Safety Program (FSP)? | | | Do you have a Non Standard Food Safety Program (Independent FSP)? | | | | | | | | |
| Yes | No | | Yes | | | | | No | | | |
|  | If **no**, proceed to question 3  If yes, please select your type of FSP | | | If **yes**, your Non-Standard Food Safety Program must be audited within 3 months of registration. Please specify when the premises is to be audited. | | | | | | | | |
|  | Food Smart Online  Other FSP template registered by the Secretary of the Department of Health  Name of Program | | | Date of Audit | | | | | | | | |
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|  | Registered number of template | |  |  | |  |  |  |  | |  | |
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| **7** | **Signatures** |  |  |  |  |

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|  | **Signature - Applicant 1** | | **Signature - Applicant 2** (if applicable) | |
|  |  |  |  |  |
|  | Print name | | Print name | |
|  |  |  |  |  |
|  | Date | | Date | |
|  |  |  |  |  |
|  | If the business is owned by a sole trader or partnership, the owner(s) must sign  If the business is owned by a company, the applicant on behalf of that body must sign | | | |