What you need to do

Notification of Food Business –

Class 4

4

**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** | **Next steps** |
| 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 | We will notify you when your application has been processed |

Read before starting

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| 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](https://www.portphillip.vic.gov.au/council-services/business-in-port-phillip/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 | |

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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 notifying as an individual or business** | | | | | | | | | | | | | |
|  | **Owner 1** | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **Owner 2** (if applicable) | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **If you are notifying as a company** | | | | | | | | | | | | | |
|  | Company name | | | | | | ACN | | | | | | | |
|  |  | | | | |  |  | | | | | | |  |
|  | Authority (the person authorised to make application on behalf of the company) | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  | **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: Bottleshop, newsagency) | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  | 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 | | | | |
|  |  | | | |  |
|  | Best number to contact you on | | Email address | | |
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| **5** | **Type of food handling activity (choose from the list below)** | | | | |
|  | The sale to members of the public of pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks. For example, newsagents, pharmacies, bottle shops and some milk bars;  The sale to members of the public or the wholesale of whole (uncut) fruit or vegetables;  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; |  | Serving of coffee, tea (with or without milk, soy, almond, or any other liquid), alcohol (including the addition of sliced fruit, pasteurised dairy products), water, soft drink (except fermented soft drinks containing a live culture) intended for immediate consumption, but does not include unpasteurised processed fruit or vegetables (e.g., fresh juice) or any drink which has any other potentially hazardous food added, such as unpasteurised egg; |  | 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;  Offering members of the public a free sample of low risk food for immediate consumption if that is, or will be, available for sale at the premises in a packaged form;  The handling and serving of food at a family day care service premises, residence, and approved family day care venue. |

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| **6** | **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 | | | |