

Application to Transfer a Food Premises

Food Act 1984

Council Use Only		
Application Number :-		
Application Date:-		
Ledger Number:-	2125000.52	

Information for Food Businesses - Food Act Registration or Notification

The Food Act 1984 (the Act) regulates the sale of food for human consumption. From 1 July 2010 a new food premises classification system applies to all food premises operating in Victoria.

If your business sells food you must either register with, or notify, the council in which the premises is located. This information sheet explains whether you will need to **register or notify.**

Please note: You must attach this page to your application or notification to register, renew or transfer a food premises form.

Food Act Application for Registration or Notification

There are now four classes of food premises- class 1, class 2, class 3 and class 4. The new classification system means that regulatory requirements are better matched to the level of food safety risk associated with the food handling activities at different types of premises. Class 1 has the highest and class 4 the lowest level of legal requirements. In summary, the new classes are:

- Class 1 hospitals, child care centres and aged care services which serve high risk food.
- Class 2 other premises that handle high risk food unpackaged food.
- Class 3 premises that handle unpackaged low risk food or high risk pre-packaged food, and warehouses and distributors.
- Class 4 as described below.

Classes 1, 2 and 3 premises must register with the council.

Class 4 premises must notify the council

You will be a class 4 premises and only need to notify if your **only** food handling activities are as follows:

- the sale of shelf stable pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks -for example, newsagents, pharmacies, video stores and some milk bars.
- the sale of packaged alcohol for example, bottle shops.
- the sale of uncut fruit and vegetables- for example, farmers markets, green grocers and wholesalers.
- wine tasting (which can include serving low risk food or cheese).
- the sale of packaged cakes (excluding cream cakes).
- the supply of low risk food, including cut fruit, at sessional kindergarten or child care.
- simple sausage sizzles at stalls, where the sausages are cooked and served immediately. This means sausages, sauce, onions and bread. (This does not include hamburgers or other high risk foods).

For a full list of class 4 activities go to https://www.health.vic.gov.au/foodsafety

Please tick one of the following:

1. The only food handling activities at my premises are as described above

Please complete a notification of a food premises form and submit to council for confirmation.

2. The food handling activities carried out at my food premises involve other activities that are not listed above

If you ticked box 2, you may be required to register with the

council. Please contact the council to discuss:

- the process for registering your premises using the application to register a food premises form; and
- Whether your premises is a class 1, 2 or 3. This will decide whether you require a food safety program and/or a food safety supervisor

If you operate a supported residential service you will need to inform the council whether the majority of your residents are aged persons.

Council will ask if you handle or intend to handle high risk foods. This means foods that require temperature control (refrigeration or heating). For example meats, chicken, fish small goods, custard, cream, salads, cooked pasta, eggs and sandwiches.

The attached Application to Transfer a Food Premises form may not be used by your council for community group events. Please contact your council to obtain the appropriate form.



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

IMPORTANT - Please read the pre-application information section at the beginning of this form. If your premise is listed as a class 4, please complete a notification form instead of this registration form.

Title*	Surname*	Given Name *
If the proprieto	r is a company or association specif	fy the name of person completing the application and authority (e.g. Director of company)
Authority		Company name (If applicable)
e.g. Director of Street addres	company ss / Postal address *	
Suburb / Tow	'n*	State * Postcode *
Please provid	le at least one phone number a	nd include the area code *
Business Pho	one Home phone	Business Fax Mobile ()
Email		
	P	roposed new proprietor details
Title*	P Surname*	Proposed new proprietor details Given Name *
	Surname*	
Title* If the proprietor Authority	Surname*	Given Name *
If the proprietor	Surname* r is a company or association specif	Given Name * fy the name of person completing the application and authority (e.g. Director of company)
If the proprietor Authority e.g. Director of	Surname* r is a company or association specif	Given Name * fy the name of person completing the application and authority (e.g. Director of company)
If the proprietor Authority e.g. Director of Street addres	Surname* r is a company or association specific company ss / Postal address *	Given Name * fy the name of person completing the application and authority (e.g. Director of company) Company name (If applicable)
If the proprietor Authority e.g. Director of Street addres	Surname* r is a company or association specific company ss / Postal address *	Given Name * fy the name of person completing the application and authority (e.g. Director of company)
If the proprietor Authority e.g. Director of Street addres Suburb / Tow	Surname* r is a company or association specific company ss / Postal address *	Given Name * fy the name of person completing the application and authority (e.g. Director of company) Company name (If applicable) State * Postcode *
If the proprietor Authority e.g. Director of Street addres Suburb / Tow Please provid Business Pho	Surname* r is a company or association specification spec	Given Name * fy the name of person completing the application and authority (e.g. Director of company) Company name (If applicable) State * Postcode * Indinclude the area code * Business Fax Mobile
If the proprietor Authority e.g. Director of Street addres Suburb / Tow	Surname* r is a company or association specific company ss / Postal address * rn* de at least one phone number and	Given Name * fy the name of person completing the application and authority (e.g. Director of company) Company name (If applicable) State * Postcode * Ind include the area code *

Premises details			
Trading name of premises*			
Premises address Street address			
Suburb * State * Postcode *			
Contact person at premises (if not the proprietor)			
Title Surname Given name (s)			
Please provide at least one phone number and include the area code *			
Business Phone After hours phone Business Fax Mobile			
Email			
_Type of food premises*			
Food vehicle details (if applicable) Registration number Make Model			
Market Ma			
At what address is the vehicle garaged when not in use?			
Street address			
Suburb * Town * Postcode *			
Community group			
A community group is a not for profit organisation or a person(s) undertaking a food handling activity solely for the purpose of			
raising funds for charitable purposes or for a not for profit organisation.			
Are you a community group that sells food up to two consecutive days at a time and most food handlers are volunteers?			
If NO, go to section: Food related details If YES, are you selling ready to eat high risk food?			
If NO, you are classified as a class 3. Go to section: Classification If YES, is all of the high risk food cooked on site with the intention of serving immediately?			
Yes/No			
 If YES, you are classified as a class 3. Go to section: Classification. If NO, you are a class 2, however you are exempt from the food safety supervisor requirements. Go to section: Classification 			

Food related details		
This section is to be completed in discussion with the local council. The answers will determine the classification - class 1, 2 or 3	cation of your food premises	
Q1. Are you a wholesaler / distributor of pre-packaged food?		
If YES, is this the only food handling activity at your premises?		
If YES, you are classified as a class 3. Go to section: Classification		
If NO, proceed to question 2		
Q2. Is the food prepared or served exclusively for people or patients in an aged care service,		
hospital, or meals on wheels service?		
If YES, you are classified as a class 1. Go to section: Classification		
If NO, proceed to question 3		
Q3. Is the food prepared or served exclusively for children at a childcare centre? If NO, proceed to question 4.		
If YES, is the food high risk?		
If YES, you are classified as a class 1. Go to section: Classification		
If NO, proceed to question 5.		
Q4. Are you a greengrocer that only sells fruit, vegetables &/or packaged food? If NO, proceed to question 5.		
If YES, do you prepare fruit salad, fruit juice or salads? Yes/No		
If YES, you are classified as a class 2. Go to section: Classification		
If NO, do you cut/slice fruits and vegetables? Yes/No If YES, you are classified as a class 3. Go to section: Classification		
If NO, you do not require Food Act registration. You only need to complete the notification form.		
This section is to be completed in discussion with the local council. The answers will determine the classifi - class 1, 2 or 3	cation of your food premises	
Q5. Do you handle any food that does not require refrigeration?		
Is any of the food pre-packaged?		
Is any of the food being prepared/made and sold directly to the public?		
Is any of the food being manufactured on the premises to be sold to retail shops/wholesale/distributor?		
Is any of the food being re-packaged?		
Q6. Do you refrigerate, cook and/or reheat food?		
Is any of the food pre-packaged?		
Is any of the food unpackaged?		
Is any of the food being prepared and sold directly to the public?		
Is any of the food being manufactured and sold to retail shops/wholesale/distributor?		
Classification		
Following discussion with the Council about your food handling activities, select your food premises classificat your Council:	ion below as advised by	
Food Premises Classification *		
Class 1 Class 2 Class 3		
Classification selection is necessary so that you can complete the remainder of this application form.		
For further information, refer to the Food Classification Tool at www.foodsmart.vic.gov.au/foodclass/		
If your food premise is classified as a class 1 or 2, go to section: Food Safety Program (FSP). If your food premises is classified as a class 3, proceed directly to section: Declaration		

Food Safety Program					
Class 1 and 2 food premises only.					
You must complete either question (1) Standard Food Safety Program or question (2) Non Standard Food Safety Program, depending on the type of program used at your premises					
Q1. Do you have a Standard Food Safety Program?	Yes/ No				
If NO Proceed to question Q2					
If YES please select the type of FSP and proceed to section: Food safety supervisor					
Food Safety Program Template for Class 2 Retail & Food Service Businesses	No. 1. Version 2				
Food Smart (Online)					
Other FSP template registered by the Secretary of Department Health					
Name of program	Registered number of template				
Q2. Do you have a Non Standard Food Safety Program (Independent FSP)?	Yes/No				
Has the premises been audited by an approved food safety auditor?	Yes/ No				
If the answer is NO, specify when the premises is to be audited	. 55. 7.6				
Date of Audit Name of food safety p	orogram				
Date of Addit	nogram				
Declared QA Food Safety Program					
Has the FSP been prepared under a QA system or code declared under the Food Act? Yes/No If NO proceed to section: Food safety supervisor					
If YES complete the following details:					
Specify the declared QA system or code:					
Audit certificate attached Yes/ No					
 If YES, attach the certificate from the food safety auditor confirming that the program has been prepared under and conforms with that QA system or code. 					
If NO, specify the date when the audit is to be undertaken					
Does the FSP include competency based or accredited training for staff of the premises? If YES you are exempt from the food safety supervisor requirement. Yes/ No					

Supporting documents

There are no attachments if you have a template standard food safety program

Class 1 Premises - copy of the non-standard / independent food safety program Only (1) Copy

Class 1 Premises - A current certificate from an approved food safety auditor indicating that the FSP is adequate only If applicable. Only (1) Copy

Class 2 Premises - A current certificate from an approved food safety auditor stating that the FSP meets the requirements of the Act only if available. Only (1) Copy

Class 2 Premises - if you have not attached the current certificate from an approved auditor - attach a copy of the non- standard / independent food safety program. (Do not attach QA Systems)

Food safety supervisor Class 1 and 2 food premises only. By checking this box I confirm that I have read and understood all the statements above * Please note that 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 is exempt as described on page 2 of this form. **Payment Details** Refer to Council's website for appropriate fee http://www.mountalexander.vic.gov.au/Page/page.asp?Page Id=461&h=0 **Declaration** Class 1, 2 & 3 food premises 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 Class 3 food premises only In addition to the above and by ticking this box, I acknowledge that I will ensure that the appropriate minimum records required under the Food act for the premises will be kept. 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. **Existing Proprietor** Signature Signature Print applicant name Print applicant name Date Date Proposed new proprietor Proposed new proprietor Signature Signature Print applicant name Print applicant name Date Date

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: http://www.mountalexander.vic.gov.au/Page/Page.asp?Page_Id=126&h=1

Lodgement

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

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Email: info@mountalexander.vic.gov.au
Website: www.mountalexander.vic.gov.au

Telephone: 03 5471 1700

Fax: 03 5471 1749