What you need to do

Application for Registration

of Food Business – Class 1

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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 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](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 |  | I/we have signed this application  I have attached the Food Safety  Supervisor’s Certificate of  Attainment and a copy of the Food Safety Program | 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 partnership** | | | | | | | | | | | | | |
|  | **Owner 1** | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **Owner 2** (if applicable) | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **If you are registering as a company** | | | | | | | | | | | | | |
|  | Company name | | | | | | ACN | | | | | | | |
|  |  | | | | |  |  | | | | | | |  |
|  | 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 (e.g.: childcare centre) | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  | 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 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.  Please attach a copy of the Food Safety Supervisor’s Certificate of Attainment. | | | | | | | |
|  | **Food safety supervisor** | | | | | | | |
|  | First name | | | | Last name | | | |
|  |  | | |  |  | | |  |
|  | Best number to contact you on | | Email address | | | | | |
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|  | **Food Safety Program** | | | | | | | |
|  | Your business must have a Food Safety Program that must be audited within 3 months of initial registration. Please specify when the premises is to be audited.  Please keep a copy of your Food Safety Program on-site at your premises and attach a copy to this application. | | | | | | | |
|  | Date of Audit | | | | |  |  | |
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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 | | | |