

APPLICATION TO REGISTER A FOOD PREMISES AT FALLS CREEK

I/We the undersigned, hereby apply to register/renew/transfer under the provisions of the *Food Act 1984* the Premises described hereunder and depicted in the floor plan attached lodged with the Falls Creek Alpine Resort Management Board for the year commencing 1 May 2019.

PROPRIETOR DETAILS:

Name of applicant:	
Authority (e.g. Director of Company):	Company name:
ABN:	
Postal address:	
Contact numbers: Business phone:	Facsimile:
Home phone:	Mobile:
Email:	

PREMISES DETAILS:

Trading name of business:	
Address of premises:	
Contact person at premises (if not the proprietor):	
Contact numbers: Business phone:	Facsimile:
Home phone:	Mobile:

COMMUNITY GROUPS:

A community group is a non-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 selling unpackaged ready to eat high risk food? ☐ Yes ☐ No ☐ Other (class 4 food premises)

If NO, you are classified as a class 3 food premises

If YES, you will be classified as a class 2 food premises

Are you selling high risk food for more than two consecutive days at a time and most food handlers are volunteers?

☐ Yes ☐ No If YES, you will require a Food Safety Supervisor

DESCRIPTION OF USE OF PREMISES:

(e.g. Commercial kitchen, restaurant, facility for the preparation of food to be sold from a mobile food vehicle, etc.)

Following discussion with Council about your food handling activities, select your food premises classification below as advised by your Council

Classification: Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4 ☐

For further information, refer to the Food Classification Tool at <http://www.foodsmart.vic.gov.au/foodclass/>

Number of staff:	Primary language used:
Is Tobacco sold? Yes / No	If so, only from a vending machine? Yes / No
Does the premises have sit-in dining: Yes / No	
Does the premises have a license to sell liquor? Yes / No	

Food Safety Program (please complete this section if you are class 1 and class 2 only)

If Template, please indicate	If Independent (non-standard), please indicate
<input type="checkbox"/> Food safety program template for class 2 retail & food service	Name of Program:
<input type="checkbox"/> Food Smart (online)	Date of last audit/...../..... (or proposed audit date)/...../.....
<input type="checkbox"/> Other FSP template registered by the Secretary of Department of Health Name of Program: Registered number of Template:	Auditor Name: Registration No:

Required Food Safety Program 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 (1 copy)
- Class 1 premises – A current certificate from an approved food safety auditor indicating that the FSP is adequate *only if applicable* (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 applicable* (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 (1 copy)

Food Safety Supervisor (Class 1 and Class 2 Food Premises only)

Please attach a copy of evidence of required qualifications for the nominated Food Safety Supervisor

Name:

Contact numbers: Telephone:

Facsimile:

Mobile:

Email:

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 apply for providing false and 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 1984* for the premises will be kept.

If the business is owned by a sole trader or as 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(s)

Signature applicant/s _____ / _____

Printed name/s _____ / _____

DATE: / /

DATE: / /

SEE BELOW FOR FEES AND IMPORTANT LODGEMENT DETAILS.

Privacy Statement

This information is collected under the requirements of the *Food Act* for enforcement and Public Health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Information Privacy Principles and the *Information Privacy Act*.

Lodgement

Please return this application form together with the fee to:

Falls Creek Alpine Resort Management Board,

Post: PO Box 50, Falls Creek Vic 3699

Fax: 03 5758 1200

Email: landmanagement@fallscreek.com.au