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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Baw Baw Logo white [Converted] | | Application Form – PLEASE RETURN TO COUNCIL ABN 47 274 526 683  RENEWAL OF FOOD PREMISES  I / We the undersigned apply to renewal for the year ending 31 December 2020 under the provisions of the Food Act 1984, the premises described below. | | | | | | | | | | | | | | | | | | |
| **Section 1 – About the Proprietor** | | | | | | | | | | | | | | | | | | | | |
| **Proprietor Details** | | | | | | | | | | | | | | | | | | | | |
| Proprietor Name | | |  | | | | | | | | | | | | | | | | | |
| ABN | | |  | | | | | | | | | | | ACN | | |  | | | |
| Please tick most appropriate business structure: | | | | | | | | | | | | | | | | | | | | |
| Sole Trader 🞏 | | | | | Partnership 🞏 | | | | | | | Company 🞏 | | | | | | Incorporated 🞏 | | |
| Postal Address | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
| **Proprietor Contact Details** | | | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | Mobile | | | | |  | | | | | |
| Fax | |  | | | | | | | | Email | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Section 2 – About the Business** | | | | | | | | | | | | | | | | | | | | |
| Address of Premises | | | |  | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |
| Trading Name | | | |  | | | | | | | | | | | | | | | | |
| Type of Premises | | | |  | | | | | | | | | | | | | | | | |
| Classification | | | |  | | | | | | | | | | | | | | | | |
| Food Safety Supervisor | | | |  | | | | | | | | | | | | | | | | |
| Food Safety Program | | | |  | | | | | | | | | | | | | | | | |
| Trading Hours | | | |  | | | | | | | | | | | | | | | | |
| Water Supply | | | | | | | Main | | | | Private | | | | Source: | | |  | | |
| **Applicants must complete, sign and return this form with the appropriate fee payable to Baw Baw Shire Council** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | | | | | | |
| Signed by, or on behalf of the above-named proprietor | | | | | | | | |  | In case of a company the signing officer must state position in company | | | | | | | | | | |
|  | | | | | | | | |  | Date | | |  | | | | | | | |
| Print Name | | | | | | | | |  | Fee | | | TBA GST Exempt | | | | | | | |
| **Return in person to one of our customer service centre's in Warragul or Drouin.**  **Return by mail to PO Box 304, Warragul, 3820.**  **Return via email to** [**health@bawbawshire.vic.gov.au**](mailto:health@bawbawshire.vic.gov.au)  **For enquiries please phone (03) 5624 2411 or email** [**Health@bawbawshire.vic.gov.au**](mailto:Health@bawbawshire.vic.gov.au)  *Privacy and your personal information:* Council is collecting this information for the purpose of considering your application for a  Registration of Food Act Premises in accordance with the Food Act 1984 and to forward to you relevant information. The information will not be disclosed except as required by law. It may be provided to the Department of Human Services for the same purpose, and for statistical purposes related to the application of this Act. It will be treated in accordance with the Department of Human Services Information Privacy Principles and the Information Privacy Act 2000. If you fail to provide this information your application may not be able to be processed. You may access this personal information by contacting Councils Freedom of Information/ Privacy Officer on (03) 5624 2411 | | | | | | | | | | | | | | | | | | | | |
| **Office Use Only** | | | | | | | | | | | | | | | | | | | | |
| Registration  Number |  | | | | | Checked by EHO | |  | | | | Receipt Number | | | |  | | | Date Received |  |