



# Application for Class 4 Notification under the Food Act

## Section 1: APPLICANT / PROPRIETOR DETAILS

Name:							
Company / Business Name							
Business Structure IE Partnership							
Postal Address:						Postcode:	
Telephone No. (H)		(W)		(M)			
Email Address:							
ABN			ACN				

## Section 2: BUSINESS DETAILS

Trading Name							
Address:						Postcode:	
Type of Premises							
Risk Classification	Class 4						
Food Safety Supervisor	N/A						
Food Safety Program	N/A						
Trading Hours							
Water Supply Source		Mains		Private		Other -	
Waste-Water Disposal		Mains		Septic		Other -	

## Section 6: DECLARATION This form must be signed.

I/We the Applicant wish to apply for Class 4 notification under the provisions of the Food Act 1984 and declare that all information given is true and correct.	Applicant Signature:	Date:
---	----------------------	-------

**PLEASE FORWARD THIS APPLICATION TO**

<b>E-mail:</b>	<a href="mailto:Health@bawbawshire.vic.gov.au">Health@bawbawshire.vic.gov.au</a>	<b>Mail:</b>	Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
<b>Phone:</b>	5624 2411		
<b>In Person:</b>	Customer Service Centre	33 Young Street	Drouin

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.

If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.

<b>Office Use Only</b>					
Registration Number		Date Received		Receipt number	
Notes					