



# Application for Registration 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							
Food Safety Supervisor							
<i><b>**Note – if Risk Classification is 2 or 3A – a Food Safety Supervisor must be nominated, and their Certificate attached</b></i>							
Food Safety Program							
Trading Hours							
Water Supply Source		Mains		Private		Other -	
Waste-Water Disposal		Mains		Septic		Other -	

## Section 3: DECLARATION This form must be signed.

I/We the Applicant wish to apply to register for the year ending 31 December 2024 under the provisions of the Food Act 1984 and declare that all information given is true and correct.	Applicant Signature:	Date:
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**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					