



Application for Registration under the Food Act

Section 1: APPLICANT / PROPRIETOR DETAILS

| | | | | | | |
|---|--------|--|----------------|-----|-----------|-----|
| Contact Name: | | | | | | |
| Company / Business Name (If applicable) | | | | | | |
| Business Structure IE Partnership | | | | | | |
| Postal Address: | Unit | | Street Address | | | |
| | Suburb | | | | Postcode: | |
| Telephone No. (H) | | | (W) | | | (M) |
| Email Address: | | | | | | |
| ABN | | | | ACN | | |

Section 2: BUSINESS DETAILS

| | | | | | | |
|---|--------|-------|----------------|---------|-----------|---------|
| Trading Name | | | | | | |
| Business Address: | Unit | | Street Address | | | |
| | Suburb | | | | Postcode: | |
| Type of Premises | | | | | | |
| Risk Classification | | | | | | |
| Food Safety Supervisor | | | | | | |
| <i>**Note – if Risk Classification is 2 or 3A – a Food Safety Supervisor must be nominated, and their Certificate attached</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 2026 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

| | | | |
|-------------------|--|--------------|---|
| E-mail: | Health@bawbawshire.vic.gov.au | Mail: | Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820 |
| Phone: | 5624 2411 | | |
| In Person: | 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.

| Office Use Only | | | | | |
|------------------------|--|---------------|--|----------------|--|
| Registration Number | | Date Received | | Receipt number | |
| Notes | | | | | |