

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Under the *Food Act 1984*.

PLEASE NOTE: This registration is not official until the council has approved the application. For this application to be processed all relevant sections must be completed.

Information required to be submitted:

1. This application form

Required to be filled out correctly, signed and dated.

2. Application fees

The fees are determined by the classification risk of the food handled at the premise plus the number of full-time equivalent employees at the premise. They are outlined further in this application form and available on councils website. Fees are due upon lodgement of application therefore the application will not be processed until required payment has been received.

3. Food safety supervisor certificate (if applicable)

If class 1 or class 2 premises a copy of the food safety supervisor certificate is required to be submitted to the council.

4. If you require a food safety program:

- Class 1 premises – attach a copy of the non-standard/ independent food safety program;
- Class 1 premises – attach a current certificate from an approved food safety auditor indicating that the FSP is adequate only if applicable;
- Class 2 premises – attach a current certificate from an approved food safety auditor indicating that the FSP meets the requirements of the Act only if applicable; or
- Class 2 premises – attach a copy of the non-standard / independent food safety program (Do not attach QA systems).

5. NERWA trade waste approval/exemption

A trade waste agreement must be obtained from North East Water. A copy of the agreement or exemption must be attached to this application.

6. Outdoor dining

Should the food premises have outdoor dining facilities on Council land, please contact:

- Wodonga Council Civic Services team to discuss requirements and permits
- Wodonga Council Environmental Health team to discuss smoking bans

General information:

Once this application has been assessed by council's authorised officers:

1. An inspection will be arranged to identify any non-compliances;
2. All non-compliance must be addressed;
3. A transfer inspection will then be conducted and transfer to the new owner can be completed

Note: Wodonga Council reserves the right to charge for re-inspection or additional inspections particularly where the original inspection non-compliances are not ready, incomplete or like situations.

Premises details	Trading name:				
	Trading address:				
	Suburb:		State:		Post code
	Phone (work):		Phone (home):		
	Mobile:		Fax:		
	Email:				
	Number of staff working at premise:				
	Full-time _____ Part-time _____ Casual _____				
	Type of food premise: <i>(for example cafe, restaurant, warehouse)</i>				
	Brief description of the food currently prepared or stored on the premise:				
	What primary type of water supply does your premises use:				
	<input type="checkbox"/> Public source <input type="checkbox"/> Private source				
	Do you sell tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does this business require trade waste licence/approval? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has NERWA approval/exemption been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide a copy of the approval/exemption.</i>					
Existing proprietor details	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company				
Proprietor one	Company/partnership name:				
	Authority: For example, director				
	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss				
	Given name/s:				
	Surname:				
	Date of birth:				
	Postal address:				
	Suburb:		State:		Post code
	ABN:		ACN:		
	Phone (work):		Phone (home):		
	Mobile:		Fax:		
	Email:				
	Proprietor two If applicable.	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss			
Given name/s:					
Surname:					
Date of birth:					
Postal address:					
Suburb:		State:		Post code	
ABN:		ACN:			
Phone (work):		Phone (home):			
Mobile:		Fax:			
Email:					

More than two proprietors	<input type="checkbox"/> Yes <input type="checkbox"/> No If more than two proprietors, please attach a separate piece of paper with details	
Proposed proprietor details	Proposed new name of Business:	
	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	
	Given name/s:	
	Surname:	
	Postal address:	
	Suburb:	State: Post code <input type="text"/>
	ABN:	ACN:
	Phone (work):	Phone (home):
	Mobile:	Fax:
Email:		
Proprietor two	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	
	Given name/s:	
	Surname:	
	Postal address:	
	Suburb:	State: Post code <input type="text"/>
	ABN:	ACN:
	Phone (work):	Phone (home):
	Mobile:	Fax:
	Email:	
Classification - community group A community group is a not 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.		
Question one:	Are you a community group that sells food up to two consecutive days at a time and most food handlers are volunteers? If no, go to section: Classification - business	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are you selling ready to eat high-risk food? If no, you are classified as a class 3. Go to section: Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is all of the high-risk food cooked on site with the intention of serving immediately? If yes, you are classified as a class 3. Go to section: Classification. If no, you are a class 2, however you are exempt from the food safety supervisor requirements. Go to section: Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classification - business This section is to be completed in discussion with the council. The answers will determine the classification of your food premises - Class 1, 2 or 3		
Question one:	Are you a wholesaler/distributor of pre-packaged food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is this the only food handling activity at your premises? If yes, you are classified as a class 3. Go to section: Classification If no, proceed to question two.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question two:	Is the food prepared or served exclusively for people or patients in an aged care service, hospital, or meals on wheels service? If yes, you are classified as a class 1. Go to section: Classification If no, proceed to question three.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question three:	Is the food prepared or served exclusively for children at a childcare centre? If no, proceed to question four.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is the food high risk? If yes, you are classified as a class 1. Go to section: Classification If no, proceed to question five.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question four:	Are you a greengrocer that only sells fruit, vegetables and/or packaged food? If no, proceed to question five.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, do you prepare fruit salad, fruit juice or salads? If yes, you are classified as a class 2. Go to section: Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, do you cut/slice fruits and vegetables? If yes, you are classified as a class 3. Go to section: Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question five:	Do you handle any food that does not require refrigeration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any food pre-packaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any of the food being prepared/made and sold directly to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any of the food being manufactured on the premises to be sold to retail shops/ wholesale/distributor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any of the food being re-packaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question six:	Do you refrigerate, cook and/or reheat food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any of the food pre-packaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any of the food unpackaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any of the food being prepared and sold directly to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any of the food being manufactured and sold to retail shops/wholesale/ distributor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classification	<p>Following discussion with the council about your food handling activities, select your food premises classification below as advised by Wodonga Council</p> <p>Food premises classification:</p> <p><input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3</p> <p>Classification selection is necessary so that you can complete the remainder of this application form. For further information, refer to the food classification tool at health.vic.gov.au/foodsafety</p> <p>If your food premise is classified as a class 1 or 2, go to section: Food Safety Program (FSP). If your food premises is classified as a class 3, proceed directly to section: Declaration</p>	
Food safety program (FSP)		
Class 1 and 2 food premises only. You must complete either question one, Standard Food Safety Program or question two, Non-standard Food Safety Program, depending on the type of program used at your premises.		
Question one:	Do you have a Standard Food Safety Program? If yes, please select the type of FSP and proceed to section: Food safety supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Food Safety Program Template for Class 2 Retail and Food Service Businesses No. 1. Version 2 or 3 <input type="checkbox"/> Food Smart (online) <input type="checkbox"/> Other FSP template registered by the secretary of Department Health If other, specify name of program and registered number of template: _____ If no, proceed to question two	
Question two	Do you have a Non-Standard Food Safety Program (Independent FSP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the premises been audited by an approved food safety auditor? If the answer is no, specify when the premises is to be audited and name of food safety program:	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>Declared QA Food Safety Program Has the FSP been prepared under a QA system or code declared under the <i>Food Act</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no proceed to section: Food safety supervisor</p> <p>If yes complete the following details:</p> <p>Specify the declared QA system or code _____</p> <p>Audit certificate attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach the certificate from the food safety auditor confirming that the program has been prepared under and conforms with that QA system or code. If no, specify the date when the audit is to be undertaken: _____</p> <p>Does the FSP include competency based or accredited training for staff of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you are exempt from the food safety supervisor requirement. Proceed to Declaration. If no, please complete Food safety supervisor details below</p>	
Food safety supervisor details	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	
	Given name/s:	
	Surname:	
	Postal address:	
	Suburb: _____ State: _____ Post code _____	
	Phone (work): _____ Phone (home): _____	
	Mobile: _____ Fax: _____	
	Email:	
	Course codes:	
	Please forward a copy of food safety supervisor certificate. Please note that a food safety supervisor is not required if the food premises: <ul style="list-style-type: none"> • Has a declared QA food safety program that includes competency based or accredited training for staff of the premises; or • Is a community group that is exempt as described on page two of this form. 	
<p>Declaration This form must be signed by the person making the request.</p> <p>It is against the law to provide false or misleading information, which could result in a fine.</p>	<p>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 exist for providing false or misleading information.</p> <p>If the business is owned by a sole trader or 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.</p>	
	Existing proprietor	
	Name: _____	
	Signature: _____	
	Date: / /	
	Proposed new proprietor	
	Name: _____	
	Signature: _____	
	Date: / /	

Attached items	Please tick the items that you have attached: <input type="checkbox"/> Application fee <input type="checkbox"/> NERWA trade waste approval/exemption <input type="checkbox"/> Food safety supervisor certificate <input type="checkbox"/> Copy of non-standard FSP (if applicable)
Payment options *Please make cheques payable to 'Wodonga City Council'	Please visit wodonga.vic.gov.au for applicable fees and charges or phone Customer Focus on (02) 6022 9300.
	In person - EFTPOS, credit card, cheque or cash
	Mail options - cheque* or credit card
	<i>PLEASE NOTE: Regardless of how you choose to pay for the application, your application will not be processed by the council until required payment has been received.</i>

OFFICE USE ONLY		Version 2: May 2018 Review date: May 2021
Application number:	Application date:	
Receipt number:	Receipt date:	

Personal and or health information collected by the council is used for municipal purposes as specified in the Local Government Act 1989. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to council for access to and/or amendment of the information. Request for access and or correction should be made to the council's privacy officer.