

Pre-Registration Assessment Application for a Food Premises

Thank you for your enquiry regarding setting up a food business within City of Greater Dandenong.

To assist you in understanding the requirements to register a premise within the City of Greater Dandenong please visit Council's website www.greaterdandenong.vic.gov.au

Before you apply	Yes	No
Do you require a planning permit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a building permit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a grease trap?	<input type="checkbox"/>	<input type="checkbox"/>

Section 1 - Food Business Details

Trading Name					
Company Name			ABN / ACN		
Was the food business previously registered as a food business premises? If Yes , please provide trading name of existing business.					
Address of Premises					
Shop No		Unit No		Street No	
Street Name			Suburb		Postcode
Postal Address					
Phone			Mobile		
Email			Number of equivalent full-time staff		

Section 2 - Proprietors Details *(The Proprietor is the person who conducts or in charge of the food business)*

Full Name <i>(person's name)</i>					
Residential Address					
Unit No		Street No			
Street Name			Suburb		Postcode
Phone			Mobile		
Email			Primary Language spoken		

Section 3 - Details of Site Manager or Person Delegated by Proprietor *(if different from Proprietor)*

Full Name <i>(person's name)</i>					
Position	<input type="checkbox"/> Manager <input type="checkbox"/> Food Safety Supervisor <input type="checkbox"/> Other <i>(please specify)</i>				
Phone			Mobile		
Email			Primary Language spoken		

Public Health

Section 4

Please attach a copy of the floor plan, drawings should be of a scale not less than 1:100 and include

- ☐ The layout of the premises including all fittings and equipment in the premises
- ☐ Location of hand washing facilities, food preparation sinks, dishwashing sinks, dishwasher, etc.
- ☐ A description of materials to be used for the surface finishes including walls, floors, ceiling, etc.
- ☐ Location of waste disposal area, grease trap, in wash area, storage area, toilet and cleaner sink

Section 5 - Additional Information

If you are registering an existing food business, will you be making structural alterations or changes to the layout of the food business?

☐ Yes ☐ No

Section 6 – Business Classification

Your assigned Environmental Health Officer will determine which risk classification your business falls under.

Please tick the option which best describes your food business classification

- ☐ **Class 1** - Premises at which the principal activity is preparing or serving food for people in an aged care facility, hospital or meals on wheels service or for children at a childcare centre
- ☐ **Class 2** - Premises that handle high risk food unpackaged food, including restaurants, takeaways, caterers, Bakeries, greengrocers who cut produce for salads, fruit salads or fruit juice and canteens.
- ☐ **Class 3** - Premises that handle unpackaged low risk food or high-risk pre-packaged food. Warehouses and wholesaler/distributors of pre-packaged food.
- ☐ **Class 4** – Sale of low risk pre-packaged food uncut fruit and vegetables, wine tastings, sausage sizzles (**sausages, sauce, onions and bread only**) newsagents, pharmacies, video stores, bottle shops, greengrocers who sell whole fruit and vegetables and some milk bars.

Section 7 – The following 3 information items MUST be provided in writing with this application or it will not be processed.

1. Do you have previous experience in operation a food business? ☐ Yes ☐ No
2. Have you completed a Food Handling or Food Safety Supervisor training course?
If ticked **Yes**, attach certificate of participation and/or accreditation ☐ Yes ☐ No

3. All Class 1 & Class 2 food premises must have a food safety supervisor and a food safety program

Name of Food Safety Supervisor _____

- ☐ I confirm that I have submitted a copy of the food safety supervisors' certificate with the application **OR**
- ☐ I confirm that I the food safety supervisor has booked in for training and a copy of the receipt is attached with the application.

Public Health

Section 8 – Hours of Operation					
		Specify time of operation			Specify time of operation
Monday	<input type="checkbox"/>		Friday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>		Saturday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>		Sunday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>		Public Holiday	<input type="checkbox"/>	

Section 9 – Description of Use of Premises					
Type of Business	(tick all that apply)				
Aged Care Facilities	<input type="checkbox"/>	Juice Bars / Bubble Tea	<input type="checkbox"/>		
Bakery Retailer	<input type="checkbox"/>	Manufacturer – Class 1 Potentially Hazardous Foods	<input type="checkbox"/>		
Bars/Pubs	<input type="checkbox"/>	Manufacturer – Class 2 Potentially Hazardous Foods	<input type="checkbox"/>		
Café/Restaurant	<input type="checkbox"/>	Manufacturer – Class 3 Low Risk Foods	<input type="checkbox"/>		
Canteen	<input type="checkbox"/>	Mobile Food Premises	<input type="checkbox"/>		
Caterer	<input type="checkbox"/>	Nuts / Herbs /Spices Retail	<input type="checkbox"/>		
Child Care	<input type="checkbox"/>	Home based Pre-packaged low risk food Storage	<input type="checkbox"/>		
Community Groups – Charitable (Planned Activity Groups)	<input type="checkbox"/>	Reception Centre	<input type="checkbox"/>		
		Residential Care	<input type="checkbox"/>		
Convenience Store / MilkBar / Store Service Station / Grocery Store	<input type="checkbox"/>	Retail Low Risk Packaged Foods / Newsagents / Chemists / Liquor Outlets / Soft Drinks	<input type="checkbox"/>		
Dandenong Market	<input type="checkbox"/>	Sports Clubs – Annual	<input type="checkbox"/>		
Delicatessen	<input type="checkbox"/>	Sports Clubs – Summer	<input type="checkbox"/>		
Delivery Meals Organisation	<input type="checkbox"/>	Sports Clubs – Winter	<input type="checkbox"/>		
Green Grocer	<input type="checkbox"/>	Supermarket	<input type="checkbox"/>		
Green Grocer Warehouse / Distributors / Wholesalers / Importers	<input type="checkbox"/>	Take Away / Fast Food / Kiosk	<input type="checkbox"/>		
		Warehouse / Distributor / Wholesaler & Importer	<input type="checkbox"/>		
Home Based Retailer	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>		
Hospital	<input type="checkbox"/>				
Please provide details of seating (if applicable)					
Internal – Number of seats for dining					
Internal – Number of seats for waiting					
External – Number of seats for dining					
Do you provide, produce or manufacture any of the following foods or goods? (tick all that apply)					
*Prepared, ready to eat table meals	<input type="checkbox"/>	Juices	<input type="checkbox"/>		
Frozen meals	<input type="checkbox"/>	Confectionary	<input type="checkbox"/>		
Raw meat, poultry or seafood	<input type="checkbox"/>	Bread, pastries or cakes	<input type="checkbox"/>		
Processed meat, poultry or seafood	<input type="checkbox"/>	Egg or egg products	<input type="checkbox"/>		
Fermented meat products	<input type="checkbox"/>	Dairy products	<input type="checkbox"/>		
Meat pies, sausage rolls or hot dogs	<input type="checkbox"/>	Beverage and drinks	<input type="checkbox"/>		
Sandwiches or rolls	<input type="checkbox"/>	Prepared salads	<input type="checkbox"/>		
Raw fruit and vegetables	<input type="checkbox"/>	Liquor and liquor products	<input type="checkbox"/>		
Infant or baby foods	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>		
*Processed Fruit and Vegetables	<input type="checkbox"/>				

Public Health

Please attach a copy of the menu or list of food products you intend to sell	Attached <input type="checkbox"/>
<p>* 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold</p> <p>* 'Process' means activity conducted to prepare food for sale, including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination of these</p>	

Section 10 – Nature of Food Business			
	Yes	No	
Do you process or manufacture the food you provide for sale?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?	<input type="checkbox"/>	<input type="checkbox"/>	
*Do you directly supply or manufacturer food for organisations that cater to vulnerable persons?	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Vulnerable person - person who is in care in a facility listed in Schedule of <i>Standard 3.3.1 Australia New Zealand Food Standards Code</i> or a client of a delivered meal organisation. Examples include (but are not limited to) aged care recipients, hospital patients, children in childcare, respite patients, nursing home residents.</p> <p>Shelf stable foods - foods are non-perishable food with a shelf life of many months to years</p>			

To be answered by Manufacturing / Processing Business only			
	Yes	No	
*Do you manufacture or produce products that requires temperature control?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you manufacture or produce fermented meat products such as salami?	<input type="checkbox"/>	<input type="checkbox"/>	
Describe your customer base			
What are the quantities of food (projected to be) sold and prepared on a daily to weekly basis			
Where will the food ingredients/products be sourced from?			
To be answered by food service & retail businesses only (including charitable & community organisations, market stall and temporary food premises)			
	Yes	No	
Do you sell ready to eat food at different location from where it is prepared?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 11 - Declaration			
I, _____ (name of the proprietor) making this application			
declare that the information contained in this application is true and correct in every particular on behalf of			
(organisation name of food business)			
Signature of Proprietor		Date	

Public Health




What's Next?

Once you have lodged your application, an Environmental Health Officer will contact you to discuss your new food business. During construction, you will need to contact the Public Health Unit to arrange progress inspections. These inspections will assess compliance with the requirements of the Food Act.
On completion of the fit out a final inspection will be conducted.











For your information

Streatrader	If you wish to sell food away from this fixed premises (e.g. at markets, festivals, events etc.) then you will also need to register at http://streatrader.health.vic.gov.au
Food Safety Programs	<p>If you are a Class 1 food premises you will need an independent (non-standard) food safety program. This is developed with the assistance of an approved auditor.</p> <p>If you are a Class 2 retailer or food service business, you can use a food safety program template. Details can be found at www.health.vic.gov.au/publichealth/foodsafety. Alternatively, you can also use an independent food safety program.</p> <p>Class 2 manufacturers will require an independent food safety program.</p> <p>Independent food safety programs must be audited annually by an approved Department of Health and Human Services accredited third-party auditor.</p>

Return Pre-registration Assessment for a Fixed Food Premise form to:

1.  **Complete and email signed Pre-registration form to** council@cgd.vic.gov.au
2.  **Mail**
Post completed & signed form to:
City of Greater Dandenong
PO BOX 200, Dandenong VIC 3175
3.  **In Person:** Visit a City of Greater Dandenong customer service centre and hand in completed form.
Dandenong: 225 Lonsdale Street, Dandenong
Springvale: 397-405 Springvale Road, Springvale
Parkmore: Shop A7, Parkmore Shopping Centre
Cheltenham Road Keysborough

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