

Food Act 1984

FOOD PREMISES NOTIFICATION FORM

This form is a Class 4 Food Premises Notification

I, the undersigned, hereby notify under the provisions for the Food Act 1984, this premises described hereunder will offer food for sale.

LOCATION OF PREMISES

LICENCE NUMBER

TYPE OF PREMISES

Pre-Packaged Food (temperature stable)

PROPRIETOR

Proprietor Name

Company Name (if applicable)

Business Trading Name

Business Postal Address

ABN

ACN

Business Phone

Mobile

After Hours Phone

Business Fax

Email

Primary Contact Person

Phone Number

Mobile Number

Does the Premises Sell Tobacco/Cigarettes?

Yes

No

[Contact us](#)

Phone 1300 88 22 33 or 9298 4598 Fax 9298 4345

maroondah@maroondah.vic.gov.au | www.maroondah.vic.gov.au | PO Box 156, Ringwood 3134 | DX 38068, Ringwood

FOOD HANDLING ACTIVITY AT THE PREMISES

Type of food handling activity (choose from the list below)

A food premises at which the **only** food handling activities are one or more of the following:

- The sale to members of the public of pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, and bottled drinks. For example newsagents, pharmacies, and some milk bars.
- A wine tasting for members of the public, which may include the serving of cheese or low risk food that has been prepared and is ready to eat; or
- The sale to members of the public or the wholesale of whole (uncut) fruit or vegetables.

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorized to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email – privacy@maroondah.vic.gov.au

DECLARATION

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information.

I confirm that I have read and understood all the statements above.

.....
Signature of Proprietor

.....
Signature of Proprietor

.....
Date

.....
Date

There is no fee for a notification. If your premises have food handling activities beyond those ticked above contact Council for advice.

Contact us

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