

Application to Establish a Food Premises

Food Act 1984 (NAR Form)

Warrnambool City Council
(03) 5559 4800
www.warrnambool.vic.gov.au

Questions marked with an asterisk (*) are mandatory and must be completed.

Council specific information

Council is collecting the information on this form so that it may consider your application in accordance with the Food Act 1984.

The information is only used by Council for this purpose and will not be disclosed unless required under law.

Applicant Details				
Title * Surname *	Given name(s)*			
Company name (if applicable)				
ABN*	ACN			
Postal address*				
Suburb / Town *	State *	Postcode *		
Please provide at least one pho	ne number and include the area code *			
Business phone Hom	ne phone Business fax	Mobile*		
Email *		٦		
	Premises Details			
Trading name of premises *				
Premises address * Street address				
Cuburb / Tours *	Ctoto *	Destando *		
Suburb / Town *	State *	Postcode *		
Description of premises / food se	old *			

Recommended Documents

Council recommends you submit a scaled floor plan of the premises showing the location of equipment (such as benches, sinks, cooking equipment, canopies, walls and doors).

A schedule of finishes (materials to be used on floors, walls, etc.) is also recommended to ensure compliance with the Food Standards Code.

If a copy of the menu is available, this should also be attached.

Council's Environmental Health Officers will be able to provide feedback on the plans and let you know if any alterations are required before work begins.

Council requires at least 10 working days prior to opening date to process applications.				
Proposed opening date*:				

Please Note: An 'application to register a food premises' form with the registration fee must be submitted to Council prior to operating a food business. This registration fee includes all pre-registration inspections.

If you request an inspection by one of Council's Environmental Health Officers prior to submitting payment with the 'application to register a food premises' form the request for inspection fee of \$210.00 must be paid with this form.

Payment Details

Please refer to the Environmental Health Department fees and charges table for:

Pre-registration fee + annual registration fee

Lodgement

Return with payment to:

Environmental Health

Warrnambool City Council Telephone (03) 5559 4800 PO Box 198 Fax (03) 5559 4900

Warrnambool VIC 3280 Website: www.warrnambool.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 am over 18 years at the time of completing this application

Signature	
Print name	
Date	

OFFICE USE ONLY

Receipt date:	Receipt #	Amount	CSO initials:	
Account number: 230	0000-1342-41158			
			Date	
Print name of officer submitting:				
NARO: Print name: Date				
PLEASE SEND NEW DEBTOR NUMBER TO HEALTH UNIT				

Civic Centre 25 Liebig Street Warrnambool Victoria Australia PO Box 198 Warrnambool VIC 3280 Telephone (03) 5559 4800 Facsimile (03) 5559 4900

Website: www.warrnambool.vic.gov.au ABN 44 594 246 321