



# Notification of a Food Premises

Food Act 1984

**Warrnambool City Council**  
☎ (03) 5559 4800  
[www.warrnambool.vic.gov.au](http://www.warrnambool.vic.gov.au)

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

### Council specific information

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

IMPORTANT – This form is only applicable to Class 4 food premises. Please consult with Council’s Health Unit to determine whether your business falls within a Class 4 Classification.

### Proprietor Details

**Proprietor (If the proprietor is a partnership rather than sole ownership, both names should be listed. If the proprietor is a company or an organisation, the company name should be listed).**

Is this proprietor a contact for this application?  Yes  No

Title \*      Surname \*      Given name(s)\*  
           

Proprietor 2 (if applicable)

Title \*      Surname \*      Given name(s)\*  
           

Company Name (if applicable)

Company ABN      Company ACN  
     

### Address

Street address / Postal address \*

Suburb / Town \*      State \*      Postcode \*  
           

Please provide at least one phone number and include the area code \*

Business phone      Home phone      Business fax      Mobile  
                 

Email

### Premises Details

Trading name of premises \*

### Premises Address

Street address / postal address \*

Suburb / Town \*      State \*      Postcode \*

**Contact person at premises** (if different from proprietor)

Title *	Surname *	Given Name(s)*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code \*

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

**Food Handling Activities**

What food handling activities will be undertaken at your premises?

**Payment Details**

Please refer to the Environmental Health Department fees and charges table.

**Lodgement**

Return form to:

Environmental Health	Telephone (03) 5559 4800
Warrnambool City Council	Fax (03) 5559 4900
PO Box 198	Website: <a href="http://www.warrnambool.vic.gov.au">www.warrnambool.vic.gov.au</a>
Warrnambool VIC 3280	

**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

If the business is owned by a sole trader or 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.

<input type="text"/>	<input type="text"/>
Signature	Signature
<input type="text"/>	<input type="text"/>
Print name	Print name
<input type="text"/>	<input type="text"/>
Date	Date