



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 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

Suburb / Town * State * Postcode *

Description of premises / food sold*

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 Officer(s) 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 any 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 \$75.00 must be paid with this form.

Lodgement

Return with Payment to:

Environmental Health	Telephone (03) 5559 4800
Warrnambool City Council	Fax (03) 5559 4900
PO Box 198	Website: www.warrnambool.vic.gov.au
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

Signature

Print Name

Date

Payment Details

\$100.00 – Request for Inspection / pre-registration inspection fee

Office Use Only	Receipt Date:	Receipt #	Amount:	CSO Initials:
Account Number: 230000-1342 - 41158				

OFFICE USE ONLY

Print Name of Officer Submitting: Date

NARO: Print name Date

PLEASE SEND NEW DEBTOR NUMBER TO HEALTH UNIT