



# 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)\*  
           

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

Business phone      Home phone      Business fax      Mobile  
                 

Email

**Food Handling Activities**

What food handling activities will be undertaken at your premises?

**Payment Details**

There is no fee for this notification

**Lodgement**

Return form to:

Environmental Health  
Warrnambool City Council      Telephone (03) 5559 4800  
PO Box 198      Fax (03) 5559 4900  
Warrnambool VIC 3280      Website: 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

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.

Signature
Print Name
Date

Signature
Print Name
Date