|  |  |
| --- | --- |
| Proprietor name: (full name or Company/Pty Ltd - a Trust is not a legal entity for the purpose of the *Food Act 1984*) | |
| Proprietor Address: | |
| Postal Address: (if different from above) | |
| Email: | Phone number: |
| ABN: | ACN: |

|  |  |
| --- | --- |
| Business Premises Details | |
| Trading name of business: | Primary contact name: |
| Address of business: | |
| Primary contact email: | Primary contact mobile: |

# Food premises activities and information

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

Pre-packaged low risk food (confectionary, crisps, frozen ice cream, milk or bottled drinks).

Biscuits, tea, or coffee at a temporary premises by a community group

A wine tasting for members of the public.

Offering members of the public a free sample of a low-risk food for immediate consumption.

Serving of coffee, tea, alcohol, water and soft drink intended for immediate consumption.

The sale/wholesale to members of the public of whole (uncut) fruit or vegetables.

Packaged or covered cakes (other than cakes with a cream filling) at a temporary premises by a

community group.

Simple sausage sizzle - Sausages that are cooked and served immediately, with or without onions cooked at the same time, and bread and sauce – when cooked and sold at a temporary food premises or by a non-profit body.

The handling of low-risk food or cut fruit or vegetables and the serving of that food to children at an education and care service premises.

The handling and serving of food at a family day care service premises, residence, and approved family day care venue.

**Is tobacco/e-cigarettes sold?**  Yes  No  Vending Machine only

  
**Does the premises have a liquor license?**  Yes  No Type

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

If the business is owned by a sole trader or a 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.

To be completed by the proprietor(s)

Name of Proprietor Signature of Proprietor

Date

To be completed by the proprietor(s)

Name of Proprietor Signature of Proprietor

Date

*Council Environmental Health Officers may inspect your food premises throughout the year to confirm your food handling activities are consistent with a Class 4 notification. If you change or expand your food handling activities you must contact Council to ensure you comply with the Food Act 1984 and any relevant registration requirements.*

Further information

Environmental Health

Phone: (03) 9784 1915

Email: [info@frankston.vic.gov.au](mailto:info@frankston.vic.gov.au)

Privacy Statement

*Frankston City Council is committed to protecting your privacy. Council requires personal information to carry out its functions under the Local Government Act 1989 and other legislation and to provide services to the community. In some cases this will involve disclosure of your information to other parties, such as Council’s contractors or other agencies. Your personal information will only be used and disclosed as authorised by law. For further information about how Council handles personal information, or to request access to your personal information, see* [*www.frankston.vic.gov.au*](http://www.frankston.vic.gov.au) *or contact Council’s privacy officer on 1300 322 322.*