

2021 Calendar Year



Food Act 1984

Information for Food Businesses – Food Act Registration or Notification

The Food Act 1984 (the Act) regulates the sale of food for human consumption. From 1 July 2010 a new food premises classification system applies to all food premises operating in Victoria.

If your business sells food you must either register with, or notify, the council in which the premises is located. This information sheet explains whether you will need to **register** or **notify**.

There are four classes of food premises - class 1, class 2, class 3 and class 4. The classification system means that regulatory requirements are better matched to the level of food safety risk associated with the food handling activities at different types of premises.

Classes 1, 2 and 3 premises must register with the council

Class 1 has the highest and class 4 the lowest level of legal requirements. In summary, the classes are:

- Class 1 hospitals, child care centres and aged care services which serve high risk food.
- Class 2 other premises that handle high risk, unpackaged food.
- Class 3 premises that handle unpackaged low risk food or high risk pre-packaged food, and warehouses and distributors

Class 4 premises must notify the council

You will be a class 4 premises and only need to notify Council if your only food handling activities are as follows:

- The sale of shelf stable pre-packaged low risk food such as confectionery, crisps, frozen ice cream, milk, bottled drinks for example, newsagents, pharmacies, video stores and some milk bars.
- The sale of packaged alcohol for example, bottle shops
- The sale of uncut fruit and vegetables for example, farmers markets, green grocers and wholesalers
- Wine tasting (which can include serving low risk food or cheese)
- The sale of packaged cakes (excluding cream cakes)
- The supply of low risk food, including cut fruit, at sessional kindergarten or child care
- Simple sausage sizzles at stalls, where the sausages are cooked and served immediately. This means sausages, sauce, onions and bread. (This does not include hamburgers or other high risk foods)

For a full list of class 4 activities go to http://www.health.vic.gov.au/foodsafety

Please tick one of the following

1. The food handling activities carried out at my food premises involve activities that are listed above under the class 1, 2 or 3 section

2. The only food handling activities at my premises are as described above under the class 4

If you ticked box 1, you are required to register with Council

If you ticked box 2, you are required to notify Council

Please contact Council to discuss the process for registering/notifying your premises using the application to register/notify a food premises form, and to discuss your correct classification and whether you require a food safety program and/or a food safety supervisor.

If you operate **a supported residential service** you will need to inform the council whether the majority of your residents are aged persons Council will ask if you handle or intend to handle high risk foods. This means foods that require temperature control (refrigeration or heating). For example, meats, chicken, fish, smallgoods, custard, cream, salads, cooked pasta, eggs and sandwiches.



Council Specific Information				
Please read the 'Information for Food Businesses' section at the beginning of this form. If your premises is listed as a class 4, please complete a <i>notification</i> form instead of this transfer of registration form.				
Existing Proprietor Deta	nils			
Type of Proprietor:	Company	Person	Partnership	
Name of Proprietor(s):			ACN/ABN:	
Address of Proprietor(s): (Registered address if a company)]
Suburb:			State:	Postcode:
Contact details: Bus:		Fax:	Mob:	
Email:				
New Proprietor Details				
Type of Proprietor:	Company	Person	Partnership	
Name of Proprietor(s):			ACN/ABN:	
Address of Proprietor(s): (Registered address if a company)				
Suburb:			State:	Postcode:
Postal address: (if different to above)				
Suburb:			State:	Postcode:
Contact details: Bus:		Fax:	Mob:	
Email:				
Date new proprietor will ta	ke over the premise	s: / /		
Would the new proprietor	like to receive corres	pondence by email?	Yes No	
Premises Details				
Premises address:				
Suburb:			State:	Postcode:
Will the trading name remain the same? Yes I No I (if no, please write the new trading name below)				
New trading name of premises (if applicable):				
Type of food premises (eg café, restaurant. fast food):				
Primary language spoken a	nt premises:			



Contact details for premises :	Title Family Name		Given Name/s		
Bus:	Fax:	Mob:			
Email:					
Food vehicle details (if applica	hle).				
Registration number	Make	Model			
Community Group					
A community group is a not for	profit organisation or a person(s) ur	dertaking a food handli	ng activity solely for the purp	ose of raisin	g funds
for charitable purposes or for a			ing decivity solely for the purp		Branas
Are you a community group that	at sells food for up to two consecut	ve days at a time and n	nost food handlers are	Yes 🛛	No 🗖
volunteers?	·				
If No, go to section: Food Re	elated Details				
If Yes, are you selling ready	-to-eat high risk food?			Yes 🛛	No 🗖
If No, you are classified	as a class 3. Go to section: Classifica	tion			
If Yes, is all the high risk food cooked on site with the intention of serving immediately?				Yes 🛛	No 🗖
If Yes, go to section: Food Related Details					
If No, you are a class 2, however you are exempt from the food safety supervisor requirements. Go to					
section: Classificatio					
Food Related Details					
	in discussion with the local council.	The answers will determ	ine the classification of your	food premis	es – class
This section is to be completed i		The answers will determ	ine the classification of your	food premis Yes 🗖	es – class No 🗖
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If none of the above applies to your premises, the classification of your premises will depend upon the risk associated with your food handling activities such as refrigeration and cooking, Please answer the following questions to assist the council in determining whether your premises is a class 2 or 3



Q5. Do you handle any food that does not require refrigeration?	Yes 🛛	No 🗖
Is any of the food pre-packaged?	Yes 🗖	No 🗖
Is any of the food being prepared / made and sold directly to the public?	Yes 🗖	No 🗖
Is any of the food being manufactured on the premises to be sold to retail shops/wholesale/distributor?	Yes 🗖	No 🗖
Is any of the food being re-packaged?	Yes 🗖	No 🗖
Q6. Do you refrigerate, cook and/or reheat food?	Yes 🗖	No 🖵
Is any of the food pre-packaged?	Yes	No 🗖
Is any of the food unpackaged?	Yes	No 🗖
Is any of the food being sold prepared and sold directly to the public?	Yes	
Is any of the food being sold prepared and sold directly to the public?	Yes 🗖	No 🗖
	res 🗖	
Classification		
Classification selection is necessary so that you can complete the remainder of this application form		
Following discussion with Council about your food handling activities, select your food premises classification below:		
Food Premises Classification: Class 1 Class 2 Class 2 Class 3 C		
If your food premises is classified as a class 1 or 2, go to section: Food Safety Program (FSP)		
If your food premises is classified as a class 3, proceed directly to section: Declaration		
For further information, refer to the Food Classification Tool at <u>http://www.foodsmart.vic.gov.au/foodclass</u>		
Food Safety Program (FSP)		
Class 1 and 2 premises only. You must complete either question (1) Standard Food Safety Program or question (2) Non Standard Food Safety Program type of program used at your premises	, depending	on the
	Yes ם	No 🗖
Q1. Do you have a Standard Food Safety Program?		
If Yes, please tick the type of FSP you use below and proceed to section: Food Safety Supervisor If No, proceed to question 2		
Food Safety Program Template for Class 2 Retail & Food Service Businesses Number 1, Version 3		
Food Smart (Online)		
Other FSP template registered by the Secretary of Department of Health		
Name of Program Registered Number of Template		
Q2. Do you have a Non Standard Food Safety Program (Independent FSP)?	Yes 🗖	No 🗖
Has the premises been audited by an approved food safety auditor?	Yes	
If No, please specify when the premises is to be audited:		
Expected date of audit Name of Food Safety Program		
De Jours d. O.A. Food Coffets Duranteers		
Declared QA Food Safety Program	X 🗖	N. 🗖
Has the FSP been prepared under a QA system or code declared under the Food Act?	Yes 🗖	No 🗖
If No, proceed to section: Food Safety		
If Yes, complete the following details		
Specify the declared QA system or code:	V D	
Audit certificate attached	Yes 🗖	No 🗖
If Yes, attach the certificate from the food safety auditor confirming that the program has been prepared under and conforms to that QA system code		
If No, specify the date when the audit is to be undertaken:		
Does the FSP include competency based or accredited training for staff at the premises?	Yes 🛛	No 🛛
If Yes, you are exempt from the food safety supervisor requirement		



Required Documen	its		
- Class 1 premises	– copy of the non-standard/independent food safety program - one (1) copy		
 Class 1 premises – a current certificate from an approved food safety auditor indicating that the FSP is adequate - one (1) copy Class 2 premises - certificate of competency for the nominated food safety supervisor 			
- Class 2 premises			
3 rd party audit is	conducted) – one (1) copy		
- Class 2 premises – if you haven't attached the current certificate from an approved auditor – attach a copy of the non-standard /			
independent food safety program. (Do not attach QA system) - one (1) copy			
Food Safety Superv	<i>r</i> isor		
Class 1 and 2 premis	ses only		
By ticking this box, I acknowledge that I will ensure that there is an appropriate food safety supervisor for the premises. I have attached a copy of:			
The certificate of competency for the nominated food safety supervisor OR			
The receipt	t for registration for a food safety supervisor course to be attended by a nominated food safety superviso	r	
Payment Details ar			
	fer fees are listed below and are valid from 1 January 2021 to 31 December 2021 (GST Exempt)		
		\$216 00	
Class 1A	Hospitals	\$316.00	
Class 1B	Aged Care Facilities, Child Care Services, Meals on Wheels	\$242.50	
Class 2A	Supermarkets (3 Plus Departments)	\$1,027.50 \$216.00	
Class 2B	Supermarket 2 Departments and Less, Bakery, Food Manufacture Small, Café, Restaurant	\$316.00 \$79.50	
Class 2CG & 3CG	Community Group		
Class 2E	Premises that hold non-standard FSP's and are subject to independent audit (except supermarkets)	\$257.00	
Class 2ES	Supermarkets – 3 Plus Departments that hold non-standard FSP	\$1,081.50	
Class 3	Accommodation Meals, Health Food, Bar, Kiosks, Fruit/Vegetable, Confectionary Packaging, Food Vehicles, Lunch Trucks, High Risk Pre-Packaged Food, Full Year Sporting Clubs, Distributor, Importer, Winery, Large Warehouse	\$177.50	
Class 3 Club	Season Sporting Club	\$89.50	
 Payment by cash/cheque/eftpos/telephone (cheque made payable to Knox City Council. Payment reference required for telephone payments – located on invoice) 			
 Online payment is available at <u>www.knox.vic.gov.au</u>. Click on Make a Payment, then Food & Health Renewal Registration and follow the prompts. Refer to your invoice for your online payment reference. 			
 Please note, your invoice must be attached to this completed form when submitting. 			
If you intend to post or fax this form, please use the details provided below: Knox City Council, 511 Burwood Highway, Wantirna South, VIC, 3152 Telephone: 03 9298 8000 Fax: 03 9298 8252 Email: <u>health.services@knox.vic.gov.au</u>			
Once all completed paperwork & payment has been received by Council's Health Services department and if the premises is compliant as per the Food Act 1984, the transfer will be completed within 28 days from the take over date . Timings may differ if the premises is subject to a works program approved by Knox City Council's Health Services Department.			
Declaration			
Class 1, 2 and 3 pren	nises		
I understand and acl	knowledge 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 of age at the time of completing this application 			
Class 3 premises only			
 In addition to the above I acknowledge that I will ensure that the appropriate minimum records required under the Food Act for the premises will be kept. 			

D By signing, I confirm that I have read and understood all the statements above

(please see next page for signatures)



Signature of <u>Existing</u> Proprietor	Signature of <u>Existing</u> Proprietor
Print Name	Print Name
Authority (if signing on behalf of a company)	Authority (if signing on behalf of a company)
Date	Date
Signature of <u>New</u> Proprietor	Signature of <u>New</u> Proprietor
Print Name	Print Name
Authority (if signing on behalf of a company)	Authority (if signing on behalf of a company)
Date	Date
Privacy Statement	
	ication. To view Council's privacy policy, please either visit Council's office or go to Council