

# Food Act Premises Establishment Form

Food Act 1984

## **APPLICANT DETAILS**

| Applicant Name:                                                      |                                                      |  |
|----------------------------------------------------------------------|------------------------------------------------------|--|
| Premises Type:                                                       | Premises Class:                                      |  |
| Proposed Trading Name:                                               |                                                      |  |
| Proposed Premises Address:                                           |                                                      |  |
| Suburb:                                                              | Postcode:                                            |  |
| Applicant's Postal Address (if different from above):                |                                                      |  |
|                                                                      | Mobile:                                              |  |
| Home Phone:                                                          | Fax:                                                 |  |
| Email:                                                               |                                                      |  |
| PROPOSED BUSINESS DETAILS                                            |                                                      |  |
| Type of Food Premises (Restaurant, Cafe, etc                         | .):                                                  |  |
| Proposed Hours of Operation:                                         |                                                      |  |
| Are you a wholesaler or distributor of pre-pac                       | kaged food? Yes No                                   |  |
| Is the food prepared or served exclusively to wheels service? Yes No | people in an aged care service, hospital or meals on |  |
| Are you a green grocer that only sells uncut f                       | ruit and vegetables and/or packaged food?            |  |
| Yes No                                                               |                                                      |  |
| Is any of the food being manufactured on the distributor? Yes No     | premises to be sold to retail shops/wholesale/       |  |
| Do you repackage food products? Yes                                  | No                                                   |  |
| Do you handle any food that requires tempera                         | ature control (i.e. refrigeration)? Yes No           |  |
| Do you cook food products? Yes                                       | No                                                   |  |
| Do you reheat food products? Yes                                     | No                                                   |  |

Please attach the following to your completed application:

### **FLOOR PLANS**

Drawn to scale of not less than 1:100. The plan must clearly indicate the type and location of all proposed fittings and fixtures, as well as detailing the finished to all floors, walls and ceilings. Separate plans must be provided for all proposed mechanical ventilation systems.

It must include:

- Countertops, cupboards and benches
- Equipment
- · Walls, doors and windows
- Yards and paved areas
- · Sinks, troughs, gully traps, bin wash areas, floor waste drains and other plumbing fixtures
- All other fittings and fixtures

### **SCHEDULE OF FINISHES**

You must detail the following information:

- Description or specification for all the finishes and cladding adhered to all internal surfaces in the premises (paint colour, type and number of coats to be applied, title colour, size and type, coving details etc.)
- Description of countertops, cupboards, benches and shelving (stainless steel, tiles, etc.)
- Description of all light fittings
- Description of how equipment is to be installed (on castors, fitted to floor etc.)

#### **OPERATIONAL DETAILS**

- Please provide details of the nature of your business, including the type of business (e.g. making cupcakes to sell at a farmer's market), frequency of operation and a description of how the food is to be transported (if applicable).
- Detail an ingredients list and provide information regarding the method of preparation for each of the food items you intend to make.

I, the undersigned, hereby apply for approval of the attached plans pursuant to the relevant legislation.

Signature of proprietor(s):

Date:

| HOW TO RETURN YOUR FORM |                                                                                                              |
|-------------------------|--------------------------------------------------------------------------------------------------------------|
|                         | Via Post to:<br>Environmental Health<br>South Gippsland Shire Council<br>Private Bag 4<br>Leongatha VIC 3953 |
| $\bowtie$               | Via Email: council@southgippsland.vic.gov.au                                                                 |
| ŧ.                      | In Person at <b>9 Smith Street, Leongatha</b>                                                                |