



Borough of Queenscliffe
Queenscliff & Point Lonsdale, Victoria, Australia

BOROUGH OF QUEENSLIFFE

Environmental Health Unit

Application to Register a Food Premises

Food Act 1984 (Victoria)

1. Proprietor Details

Full Name _____
Company Name (if applicable) _____
Position / Authority (if company) _____
ABN / ACN _____
Postal Address _____
Phone _____
Email _____

2. Premises Details

Trading Name of Premises _____
Premises Address _____
Suburb / Postcode _____
Contact Person at Premises (if different) _____
Contact Phone _____
Proposed Opening Date _____

3. Type of Food Business

- | | |
|--------------------------|----------------------------------|
| ☐ | Cafe |
| ☐ | Restaurant |
| ☐ | Takeaway |
| ☐ | Bakery |
| ☐ | Supermarket / Retail / Food Shop |
| ☐ | Caterer |
| ☐ | Food Vehicle |
| ☐ | Other |

4. Food Handling Activities (tick all that apply)

- | | |
|--------------------------|-----------------------------|
| ☐ | Cooking food |
| ☐ | Reheating food |
| ☐ | Preparing ready-to-eat food |
| ☐ | Cooling food |
| ☐ | Handling packaged food only |
| ☐ | Manufacturing food |
| ☐ | Wholesale / distribution |
| ☐ | Low risk food only |



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5. Food Vehicle Details (if applicable)

Vehicle Registration _____

Make / Model _____

Address where vehicle is garaged _____

6. Classification Questions

Do you handle potentially hazardous food (food requiring temperature control)?	☐
Do you cook food on site?	☐
Do you refrigerate or reheat food?	☐
Do you only sell pre-packaged food?	☐
Do you prepare food for vulnerable persons (aged care, hospital, childcare)?	☐
Do you manufacture food for wholesale distribution?	☐

7. Food Premises Classification

Class 1	☐
Class 2	☐
Class 3	☐
Class 3A	☐
Class 4	☐

8. Food Safety Program

DH Standard Template	☐
FoodSmart Online	☐
Independent Food Safety Program	☐

Program Name (if applicable) _____

9. Food Safety Supervisor

Name of Food Safety Supervisor _____

10. Documents to Attach

Floor plan of premises	☐
Menu or description of food	☐
Food Safety Supervisor certificate	☐
Food Safety Program details (if applicable)	☐



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11. Declaration

- ☐ I declare that the information provided in this application is true and correct to the best of my knowledge.
- ☐ I understand that it is an offence under the Food Act 1984 (Victoria) to provide false or misleading information in relation to this application.
- ☐ I acknowledge that the food business must comply with the requirements of the Food Act 1984 and the Australia New Zealand Food Standards Code.
- ☐ I understand that registration of the food premises may be subject to inspection and assessment by an authorised officer of Council to determine compliance with relevant legislation and standards.
- ☐ I acknowledge that the food premises must not commence operation until registration has been granted by Council.
- ☐ If this application is made on behalf of a company or organisation, I confirm that I am authorised to submit this application on its behalf.

Applicant Name _____

Signature _____

Date _____