



MORNINGTON
PENINSULA
Shire

APPLICATION FOR REGISTRATION OF FOOD PREMISES

FOOD ACT 1984

To the Mornington Peninsula Shire

I/We the undersigned hereby apply to register, under the provisions of the FOOD ACT 1984, the premises described hereunder.

Business Name _____

Address of Premises _____

Email address _____

ABN NUMBER _____

PREMISES SERVICED BY PRIVATE WATER SUPPLY or BY PUBLIC WATER SUPPLY (please tick)

TYPE OF BUSINESS (e.g. 'Café') _____

IF REGISTERING A FOOD VEHICLE -
SUPPLY DETAILS OF MAKE/MODEL/REGO NUMBER _____

FOOD PREMISES CLASS - refer to reverse of this form and circle appropriately: 1* *2 3 4

❖ IF YOU ARE A *CLASS 1 FOOD PREMISES OR YOU ARE A *CLASS 2 FOOD BUSINESS WITH AN
INDEPENDENT FOOD SAFETY PROGRAM :-

*ATTACH COPY OF YOUR CURRENT FOOD SAFETY PROGRAM WITH YOUR APPLICATION

Proprietor Name(s) (in full) _____

Address _____

Telephone (Business) _____ (Mobile) _____

Title of Your Current Food Safety Program (if applicable) _____

Food Safety Supervisor (if applicable) _____ **Contact Number** _____

Proprietor Signature(s) _____ **Date** _____

FOR CURRENT APPLICATION FEE :
PLEASE REFER TO THE 'ENVIRONMENTAL HEALTH FEE SCHEDULE'

INFORMATION PRIVACY COLLECTION STATEMENT

Mornington Peninsula Shire is collecting personal information on this form in accordance with its legislative powers and functions and it will only be used and disclosed in accordance with these powers and functions. You may access the information by contacting Mornington Peninsula Shire.

Office Use Only: (Quick Code: 007) FEE PAID: \$ **RECEIPT NUMBER:**

