



Environmental Health Unit
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Application to Register Food Business

Food Act 1984

APPLICANT DETAILS

Name of Applicant:		
Postal Address:		
		Proprietor Phone:

BUSINESS DETAILS

Trading Name:			
Premises Address:			
Business Status:	New Business	Change of ownership	Settlement date:
Type of Premises <i>(provide information on the nature and volume of food prepared)</i>			
Number of full time staff: (or equivalent)	Liquor Licence Y N		Tobacco Sales Y N
	<input type="checkbox"/> On Premises <input type="checkbox"/> General	<input type="checkbox"/> Club <input type="checkbox"/> Packaged Liquor	Vending machine Over the counter
Contact Person:			
Business Phone:		Mobile:	
Email:		Preferred Language:	

FOOD SAFETY PROGRAM / SUPERVISOR DETAILS

<input type="checkbox"/> Standard Template (Class 2 Premises only)	<input type="checkbox"/> Non Standard (Class 1 & 2 Premises)	<input type="checkbox"/> FSP exempt (Class 3 premises only)
Food Safety Supervisor:		
Proprietor Signature:	Date:	
Privacy Statement: The information collected on this form will be used for administration and enforcement of the Food Act 1984 and will be treated in accordance with the Privacy and Data Protection Act 2014.		

OFFICE USE ONLY		FSP Submitted:
Application Approved:	Class:	EHO Area:
Application Entered:	PremType:	EHO Name:
		FR