

Submitting Plans for Approval for a Food, Health or Prescribed Accommodation Premises

Food Act 1984
Public Health and Wellbeing Act 2008

Council Use Only

Application Date:

Ledger Number:

Application Number:

Questions marked with an asterisk (*) are mandatory and must be completed

Council Specific Information

Business Type*

Please select the type of business premises *

Health Premises

e.g. tattooing, hairdressing

Food Premises

e.g. cafe, take-away

Prescribed Accommodation

e.g. hotel, bed and breakfast, rooming house

Health Premises Details

Please choose the business activity that your business conducts* (Please select all those that apply):

Beauty Therapy

Hairdressing

Colonic Irrigation

Skin Penetration

Tattooing

Is the business a Mobile Health Premises? * Yes No

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

Prescribed Accommodation Details

Type of Accommodation *:

Maximum Number of People to be Accommodated *:

If you provide accommodation for three or less people and will not be serving food to guest and/or public, you do not need to proceed with this application

Number of Rooms :

Will the premises provide food to guest and/or the public? * (e.g. bed and breakfast) Yes No

If yes, please complete the Food Related Premises Details

Food Related Premises Details

Type of food premises *:

Is the subject of your plans a mobile food business (e.g. kebab van, icecream van)? * Yes No

Complete the details below for each vehicle that will be used by the Mobile Food Business. Please note that vehicles used to transport food only (i.e. food is not prepared in or sold from the vehicle) are not classified as mobile food vehicles in this case.

Make *: Model *: Registration No. *: Colour:

Please indicate where the vehicle is garaged *:

If the address where the vehicle is garaged is different from the address specified in Premises Details, please enter below.

Unit No. Street No. Street Name * Suburb * State * Postcode *

Note: If your business uses more than one mobile food vehicle, click Add Vehicle.

Description of premises' proposed use *

(e.g. commercial kitchen, restaurant, food preparation facility for the preparation of food to be sold from a mobile food vehicle, etc.)

Brief description of the food prepared or stored on the premises**Number of Staff Working at the Premises**Full Time *: Part Time *: Casual *: **Premises Details**Current Trading Name : Unit No. Street No. Street Name * Suburb * State * Postcode * Primary Language Spoken at the Premises * (to assist with communication in the future)
Contact for this ApplicationTitle * First Name * Last Name * Other Names Company Name **Preferred mailing address**Unit No. Street No. Street Name / PO Box * Suburb * State * Postcode *

Please provide at least one phone number and include the area code

Work Phone Home Phone Mobile Fax Email **Proprietor Details**

Complete the details below for each proprietor.

Is this current proprietor(s) an individual or company? Individual Company / Organisation Same as the contact of this applicationTitle * First Name * Last Name * Other Names **Residential Address ***Unit No. Street No. Street Name * Suburb * State * Postcode * **Preferred mailing address *** Please select a preferred mailing address. If the mailing address is different from the address listed above, please select Other.

If the preferred mailing address is different from the address listed above, please enter below.

Unit No. Street No. Street Name / PO Box * Suburb * State * Postcode *

Please provide at least one phone number and include the area code

Work Phone Home Phone Mobile Fax Email Same as the contact of this applicationTitle * First Name * Last Name * Other Names Trading Name ABN / ACN **Address**

Unit No.	Street No.	Street Name *	Suburb *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred mailing address*

Please select a preferred mailing address. If the mailing address is different from the address listed above, please select Other.

If the preferred mailing address is different from the address listed above, please enter below.

Unit No.	Street No.	Street Name / PO Box *	Suburb *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Work Phone	Home Phone	Mobile	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

What kind of plans*

Please indicate the kind of works you plan to undertake.

Constructing new premises

Altering existing premises

Fitting out existing premises

Proposed Opening Date *:	Total Cost of Works *:	Total Floor Area (m ²)*:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supporting documents you need to provide with this application

Fees

Fee:

How to pay:



By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form by post, fax or in person eg cash or cheque. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.



Pay Online - If applying now, Council may accept payment online (Visa or Mastercard). If Council does not accept online payments, instructions are provided regarding delivering your application form to Council electronically and paying later once council has received your application form.

How to deliver your application to

To deliver this application:

- Apply Now - deliver your application (including form, any required supporting information and necessary payment) to IMMEDIATELY. You are required to accept the following terms and conditions.
- Print Form - deliver your application (including form, any required supporting information and necessary payment) to BY FAX, BY POST OR IN PERSON. You are required to sign this form.

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Print Form - deliver your application (including form, any required supporting information and necessary payment) to BY FAX, BY POST OR IN PERSON. You are required to sign this form.

Terms and Conditions

To proceed with applying now to for Submitting Plans for Approval for a Food, Health or Prescribed Accommodation Premises, you need to agree to certain terms and conditions.

The terms and conditions outline the responsibilities of:

- The Applicant (you), in terms of delivering the application to ;
- , in terms of receiving and processing the application, and;
- The Department of Industry, Innovation and Regional Development, in terms of providing the website used to deliver the application to

- I agree to the terms and conditions and wish to proceed with applying now to Council
- I do not agree to the terms and conditions and wish to proceed with delivering the Application to Council in person, by fax or by post (including the form, any required supporting information and any necessary payment. You are required to sign the form).

Business Victoria website account

Please indicate whether you have an account with Business Victoria (the buttons to allow you to deliver the application will appear after answering this question).

Yes No

Before delivering this application to , consider registering for a Business Victoria account.

The Business Victoria website contains useful information and tools to help you start and run your business. Registered users can find and store permit, licence, and registration forms, and save partially complete forms. Register now to take advantage of these services.

Go to the website to register (you can return to this form once you have registered).

Apply Now

As you have chosen not to accept the terms and conditions, you are unable to apply now for Submitting Plans for Approval for a Food, Health or Prescribed Accommodation Premises. Your only options are to deliver this application to Council either in person, by fax, or by post.

Not ready to apply now, save a copy of the form to your desktop.

Select APPLY NOW - then provide the REQUIRED SUPPORTING DOCUMENTS and MAKE ANY NECESSARY PAYMENT (using the website you will be connected to). Your application will be immediately delivered to .

Please ensure that you are connected to the Internet before you select Apply Now.

Deliver application in person, by fax or by post

Check for incomplete fields on the form before printing.

If you choose to print the form and deliver it in person, by fax or by post, make sure you deliver any required SUPPORTING DOCUMENTS and NECESSARY PAYMENT with the form.

When you deliver this form to Council, make sure you deliver any required supporting information and necessary payment with the form.

Make sure you deliver any required supporting information and necessary payment when you deliver this form to council.

Save form

Please ensure that you are connected to the Internet before you select this option.

You can save this form to complete it later.

You can email the form to others to complete sections of the form.

Please note you can save a copy of the application in your Business Victoria Account

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to

Once you have completed this application form, please return it to:

Email:

Phone:

Fax: