

Whitehorse City Council

379-397 Whitehorse Road Nunawading 3131 Locked Bag 2 Nunawading DC Vic 3131 Phone: 9262 6197 Fax: 9262 6506

health@whitehorse.vic.gov.au

New Premises Enquiry – Food Premises

Thank you for your initial enquiry regarding a food business within the City of Whitehorse.

An establishment fee invoice will be emailed to you within 10 business days for payment – refer Fee Schedule
To assist you in understanding the requirements to register a premises visit Council's website at
www.whitehorse.vic.gov.au/living-working/business

Premises Details:												
Trading Name (if known):												
Premises Address:				Suburb			Postcode					
Postal Address: (If dif	ferent t	o above)					Suburb			Posto	code	
Premises Details												
Is this a newly built premises?				☐ Yes ☐ No	**All new premises are subject to planning and building approva An establishment Fee is payable upon lodging this enquiry form							
Is this premises currently operating as a food premise?				□ Yes	Other (provide details)							
Are you purchasing the business or taking over a lease?				□ Purcha	asing	□ Tal	king over L	.ease	☐ Neithe	□ Neither		
Prior to purchasing would you like a Presale Inspection? Refer Fee Schedule				□ Yes □ No	If yes, complete the Presale Inspection Request							
If purchasing the business, what is the settlement date?					What is expected first date of trading? Premises must be registered prior to this date					date		
Will you be making alterations to the floor plan within the next 3 months?				□ Yes □ No	**All o	**All changes to existing premises are subject to planning and build approval ** An establishment Fee is payable.						
Will you be making alterations to the floor plan after 3 months?				□ Yes □ No	**All changes to existing premises are subject to planning and building approval ** An alteration Fee is payable.					ng and building		
Type of Premises:												
☐ Accommodation Getaway	☐ Aged Care Facility ☐ E			Bakery Retailer		□ Bar/Pub		☐ Café/Restaurant				
☐ Canteen/Camps	- 3			Childcare		☐ Community Group		-	□ Club			
☐ Coffee and Dessert Outlet	☐ Convenience Stores ☐ [Delicatesse	en	☐ Delivered Meals Organisation		eals	☐ Green Grocer			
☐ Home BasedRetailer	☐ Hospital ☐ J			uice Bar		☐ Low Risk Packaged Food Retailer		☐ Manufacturer – Low Risk				
☐ Manufacturer –Hazardous Foods				Nuts/Herbs pice Retail		☐ Reception Centre		☐ Residential Care				
☐ Supermarket	☐ Take Away Food ☐ T			emporary I	Food	☐ Tobacco/E cigarettes/Shisha			☐ Warehouse/ Distributor/Wholesalers and Importers			
Proprietor Details: (legal entity – cannot be a trust)												
	□Individual -			Name							ABN	
Proprietor Type:	□Company			Name				ABN		AC		
(please tick)	□Partnership			Name 1			Name 2		2		l	
	□Trustee			Trustee Name:							ABN	
Email	Mobile											
Applicants Detai	ls											
Applicants Name												
Applicant's involvement: ☐ Owner ☐ Other (please				Builder ☐ Occupier ☐ Architect ☐ Purchaser						iser		
Email:	, (p.2230	o. (produce opeonly)										

Food Processing Information Please attach a copy of your menu or provide a description of the foods to be sold at the premises											
Will you be manufacturing dairy pro-				l Yes			No				
Will you be processing raw meat/po	esh poultry outlet)?			l Yes			No				
Will your food handling activities include (tick all that apply):											
☐ Making food on site	□ Impo	☐ Importing food				☐ Preparing sushi					
□ Purchasing food from offsite □ Repackaging				bulk dry goods ☐ Pre			eparing Chinese style roast meats				
☐ Distributing food to other busines	□ Was	shing of f	resh produce			ng the sous vide method of cooking					
How many staff will be employed at	How many seats will be provided at the premises?										
What equipment do you have for ha											
☐ double bowl sink			for equipment and food			rigerator for the sole purpose of the ess					
☐ single bowl sink	□ stove	e		☐ freezer for the sole purpose of the business							
☐ dedicated hand wash basin		□ over	1	□ dis			shwasher				
☐ sink for disposing of waste water											
Home Based Business Only (Complete this section if you are home based)											
Do you live in the house at address	of the bus	iness?				□ Yes			□ No		
Type of dwelling:)		□ Unit			☐ Apartment/town			ouse		
Please attach a copy of your house rooms you will use for your business		what	□ Yes			□ No					
Size of Dwelling	of Bedroo	oms		Numb	ber of Bathrooms						
Number of Living Rooms (lounge/dining) List the rooms you will be using for your busines			lescribe	Garage							
how each room will be used, eg kitchen and bedroom 1 will be us											
Do you need to connect to additional services to obusiness?			e your	☐ Yes ☐ No If yes, please specify							
For example car parking, installation equipment, connection of 3 phase p											
Are you required to install a grease	☐ Yes ☐ No (If no, please attach a copy of the exemption letter										
Describe how will your proposed bu neighbours? Eg, noise, customer p			p								
What are your proposed hours of op-											
Are any goods offered for sale onlin	□ Yes	□No	Will you deliver g	o custome	ers?			□No			
Will customers pick up goods?	□ Yes	□ No	How many delivery vehicles will you have?								
Does your delivery vehicle/s exceed 2 tonne capacity?		□ Yes □ No		Will you repackage and sell go			ds? □ Yes			□ No	
Will you sell goods without changing	ng and selling to other businesses ☐ Yes ☐ No					□ No					
Will you store equipment or goods associated with the business?	□ Yes	□ No						□ No			
Are you making structural changes layout of the dwelling?	□ Yes	□ No	If yes, please describe								
Are you using an external shed or b for the use of the business?	uilding	□ Yes	□No	If yes, please describe type of building and the size of the building					e building		

Description of Menu or Items Sold
Please provide us with a description of your menu or items being sold
Fees Schedule 01-Jul 2023 – 30 June 2024
Establishment Fee –\$360.00
Fee to be applied to all new premises applications to cover costs associated with administration, progress inspections, final inspection, plans assessment (where provided, internal referral process (Planning / Building / Health) and on-going professional advice to support compliance
Alterations to existing premises - \$180
This fee is applicable to alterations made on existing premises. All alterations are subject to Planning and Building approval
Pre Sale Inspection - Standard \$300.00 (10 working days) Priority - \$600.00 (5 business days)
If you are purchasing an existing premises you may request a presale inspection. An inspection before settlement ensures that prospective proprietors are fully informed of any outstanding items or notices to ensure compliance with relevant legislation. After we issue the report, it is the responsibility of the purchaser and current owner to negotiate and resolve all outstanding non-compliant items. Any outstanding issues not resolved at settlement will become the responsibility of the new owner. Due to privacy laws, the current proprietor must sign to give consent to release the report to you or your solicitor.
A Presale Consent to Disclose must be completed for this service.
Planning & Building Requirements
If you are setting up a new business or altering an existing business you must first contact Council's Town Planning and Building Department to obtain written information as to whether:
 a planning permit is required for the proposed use and/or development and a building permit is required for the proposed premises (if required provide a copy of the building permit with the endorsed plans)
☐ I have contacted the following the following departments and authorities to ensure that I have obtained all relevant permit/application information:
□ Council's Statutory Planning Unit

The personal information requested above is for the purpose of administrating the Food Act 1984 and will be used solely by Council for that primary purpose or directly related purposes. The intended recipients of the information are Council officers. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it. Individuals have a right to seek access to their personal information and make corrections by contacting Council's Environmental Health Unit on 9262 6197. You may view Council's Privacy Policy on our website www.whitehorse.vic.gov.au or obtain a copy from any of the Council offices