

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 - Public Health & Wellbeing

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

Premises Details:								
Trading Name (if known):								
Premises Address:		Suburb		Postcode				
Postal Address: (If different to a	bove)			Suburb		Postcode		
New Premises - New build or business with no current registration within Council								
Is this a new premises?	☐ Yes							
Existing Premises - Business with current registration within Council or within last 6 months								
Is this an existing premises?	□ Yes					□ No		
Are you purchasing the business?	☐ Yes – A Pre-S – Refer fee sche	Inspection is recommende	ed prior to purchas	e	□ No –			
If purchasing the business, what is the settlement date?		What is expected first date of trading? Premises must be registered prior to this date						
Will you be making alterations to the floor plan?	☐ Yes * Fees payable for alterations – please refer to fee schedule **All alterations may be subject to planning and building approval							
Type of Premises:(please			, i	3 11				
Prescribed Accommodation	☐ Motel/Hotel		☐ Residential Accommod	dation] Hostel		
	☐ Rooming House		☐ Student Dormitory		☐ Holiday Camp			
	□ Hairdresser		☐ Body Piercing	☐ Ear Piercing	Ц	Tattooist		
Hairdressing, Beauty &	☐ Beauty		☐ Nail Treatment	☐ Facials		Waxing		
Body Art	☐ Make Up		☐ Colonic Irrigation	☐ Laser		Cosmetic Tattooing		
	□ Other (please specify)							
Aquatic Facility	association of a	of the public, used in ss or program, is located ational facility, aged care	☐ Category 2 a swimming pool, spa or interactive water feature used by members of the public which is located at a residential apartment complex or a hotel, motel or hostel					
Proprietor Details:(legal	entity – cannot be	at	trust)					
	□Individual -		Name					
Proprietor Type:	□Company		Name	AB		ABN/ACN		
(please tick)	□Partnership		Name 1		Name 2			
	□Trustee		Trustee Details:					
Email			Mobile					
Applicants Details								
Given Name:			Family Name:					
Applicant's involvement: ☐ Owner ☐ Builder ☐ Occupier ☐ Architect ☐ Purchaser ☐ Other (please specify)								
Email:			Mobile:					

HP CM 2023 Form No: 1E

Processing Information											
What equipment do you hav	e for cleanir	ng equipme	ent in your b	ousiness? Please tic	k all that a	ipply					
☐ double bowl sink	□ de								rage area for		
☐ single bowl sink	□ sin	☐ sink for disposing waste water						equipment and products only used for the business			
Home Based Busines	s (Compl	ete this	if you are	e operating from	n home)						
Do you live in the house at a		□ Yes		□ No							
Do you own or rent the hous	se at addres	s of the bus	siness?	□Y€				□ No			
How many staff will work at	What are your hours of operation?										
Type of dwelling:	elling: House			☐ Unit		□ Apartn	,				
Please attach a copy of you rooms you will use for your I	□ Yes		□ No								
Size of Dwelling	Number of	Bedrooms	i		Number	r of Bathrooms					
Number of Living Rooms			Garage		□ Yes		No				
(lounge/dining) List the rooms you will be using for your business and describe how each room will be used, eg kitchen and bedroom 1 will be used for storage											
Do you need to connect to additional services to operate your business?				□ Yes □ No							
For example carparking, ins equipment, connection of 3	If yes, please specify										
Describe how will your proponeighbours?											
For example noise, custome	er parking, w	aste									
Will you store equipment or goods associated with the business?		□ Yes	□ No	If yes, can they be seen from		the street?	?	□ Yes	□ No		
Are you providing signage?	re you providing signage?		□ No	If yes, what size if the	he signage	e?					
Are you making structural changes to the layout of the dwelling?		□ Yes	□ No	If yes, please describe							
Are you using an external sh building for the use of the bu		□Yes	□ No	If yes, please descr	ibe type o	f building a	and th	ne size of t	he building		

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Fee Schedule - 01 July 2023 - 30 June 2024

Establishment Fee - \$225

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 - \$89.00

This fee is applicable to alterations made on existing premises. All alterations are subject to Planning and Building approval

Pre Sale Inspection – Standard- \$272.00 (10 working days) Priority - \$544.00 (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 noncompliant 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

☐ 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	9262 6333
Councille Duilding Comises Unit	0000 0000

The personal information requested above is for the purpose of administrating the Public Health & Wellbeing Act 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

2023 Form No: 1E