

# Food Premises Registration

Food Act 1984



Mansfield Shire

I/We the undersigned, hereby apply to **Register** for the year ending **31 December 2025** under the provisions of the Food Act 1984 the Premises hereunder described and depicted in the plan lodged with Council.

Trading Name		
Food Premises Class		
Business Description		
Premises Address/Vehicle Registration		
Proprietor(s) Name <i>(person/s or company only)</i>		
Postal Address		
Telephone	B.H:	Mobile:
Email Address		
ABN		
No. of Staff	Casual:	Permanent:
Seating	Number:	N/A <input type="checkbox"/>
Food Safety Plan <i>(You must confirm your classification and FSP status)</i>	Class 1 or 2 <input type="checkbox"/> Independent Food Safety Plan in use; or Class 2 <input type="checkbox"/> No.1, Version 2 Food Safety Plan Class 2 <input type="checkbox"/> No.1, Version 3 Food Safety Plan Class 3 <input type="checkbox"/> Minimum records	
Name of Food Safety Supervisor		
Manager(s) Name		

Proprietor(s) Signature - by signing you declare all information provided is true and correct.

*\*All forms must be completed and signed*

\_\_\_\_\_ Date: \_\_\_\_\_

☐ Tick to receive all correspondence from Mansfield Shire Council's Environmental Health Department via email

OFFICE USE ONLY: File No.

Debtor No.

☐ Fee Paid