



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 different to above)			Suburb	Postcode
Premises Details				
Is this a newly built premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No	**All new premises are subject to planning and building approval ** An establishment Fee is payable upon lodging this enquiry form	
Is this premises currently operating as a food premise?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____ (provide details)	
Are you purchasing the business or taking over a lease?		<input type="checkbox"/> Purchasing	<input type="checkbox"/> Taking over Lease	<input type="checkbox"/> Neither
Prior to purchasing would you like a Presale Inspection? Refer Fee Schedule		<input type="checkbox"/> Yes <input type="checkbox"/> 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	
Will you be making alterations to the floor plan within the next 3 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	**All changes to existing premises are subject to planning and building approval ** An establishment Fee is payable.	
Will you be making alterations to the floor plan after 3 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	**All changes to existing premises are subject to planning and building approval ** An alteration Fee is payable.	
Type of Premises:				
<input type="checkbox"/> Accommodation Getaway	<input type="checkbox"/> Aged Care Facility	<input type="checkbox"/> Bakery Retailer	<input type="checkbox"/> Bar/Pub	<input type="checkbox"/> Café/Restaurant
<input type="checkbox"/> Canteen/Camps	<input type="checkbox"/> Catering	<input type="checkbox"/> Childcare	<input type="checkbox"/> Community Group	<input type="checkbox"/> Club
<input type="checkbox"/> Coffee and Dessert Outlet	<input type="checkbox"/> Convenience Stores	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Delivered Meals Organisation	<input type="checkbox"/> Green Grocer
<input type="checkbox"/> Home Based Retailer	<input type="checkbox"/> Hospital	<input type="checkbox"/> Juice Bar	<input type="checkbox"/> Low Risk Packaged Food Retailer	<input type="checkbox"/> Manufacturer – Low Risk
<input type="checkbox"/> Manufacturer – Hazardous Foods	<input type="checkbox"/> Mobile Food premises	<input type="checkbox"/> Nuts/Herbs /Spice Retail	<input type="checkbox"/> Reception Centre	<input type="checkbox"/> Residential Care
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Take Away Food /Fast food outlet	<input type="checkbox"/> Temporary Food Premises	<input type="checkbox"/> Tobacco/E cigarettes/Shisha	<input type="checkbox"/> Warehouse/ Distributor/Wholesalers and Importers
Proprietor Details: (legal entity – cannot be a trust)				
Proprietor Type: (please tick)	<input type="checkbox"/> Individual -	Name		ABN
	<input type="checkbox"/> Company	Name		ABN
	<input type="checkbox"/> Partnership	Name 1		Name 2
	<input type="checkbox"/> Trustee	Trustee Name:		
Email		Mobile		
Applicants Details				
Applicants Name				
Applicant's involvement:		<input type="checkbox"/> Owner <input type="checkbox"/> Builder <input type="checkbox"/> Occupier <input type="checkbox"/> Architect <input type="checkbox"/> Purchaser <input type="checkbox"/> Other (please specify)		
Email:		Mobile:		

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 products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be processing raw meat/poultry/seafood (eg. Butcher, fresh poultry outlet)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your food handling activities include (tick all that apply):			
<input type="checkbox"/> Making food on site	<input type="checkbox"/> Importing food	<input type="checkbox"/> Preparing sushi	
<input type="checkbox"/> Purchasing food from offsite	<input type="checkbox"/> Repackaging bulk dry goods	<input type="checkbox"/> Preparing Chinese style roast meats	
<input type="checkbox"/> Distributing food to other businesses	<input type="checkbox"/> Washing of fresh produce	<input type="checkbox"/> Using the sous vide method of cooking	
How many staff will be employed at the premises?		How many seats will be provided at the premises?	
What equipment do you have for handling the foods in your business (tick all that apply):			
<input type="checkbox"/> double bowl sink	<input type="checkbox"/> storage area for equipment and food products only used for the business	<input type="checkbox"/> refrigerator for the sole purpose of the business	
<input type="checkbox"/> single bowl sink	<input type="checkbox"/> stove	<input type="checkbox"/> freezer for the sole purpose of the business	
<input type="checkbox"/> dedicated hand wash basin	<input type="checkbox"/> oven	<input type="checkbox"/> dishwasher	
<input type="checkbox"/> 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 business?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of dwelling:	<input type="checkbox"/> House	<input type="checkbox"/> Unit	<input type="checkbox"/> Apartment/townhouse		
Please attach a copy of your house floor plan and show what rooms you will use for your business. Plans attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Size of Dwelling	Number of Bedrooms		Number of Bathrooms		
Number of Living Rooms (lounge/dining)		Garage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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? For example car parking, installation of a flue over cooking equipment, connection of 3 phase power?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify			
Are you required to install a grease trap by Yarra Valley Water		<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, please attach a copy of the exemption letter)		
Describe how will your proposed business impact on your neighbours? Eg, noise, customer parking, odour, waste					
What are your proposed hours of operation?					
Are any goods offered for sale online?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you deliver goods to customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will customers pick up goods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many delivery vehicles will you have?		
Does your delivery vehicle/s exceed 2 tonne capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you repackage and sell goods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you sell goods without changing the packaging? Eg importing and selling to other businesses				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you store equipment or goods associated with the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, can they be seen from the street?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making structural changes to the layout of the dwelling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe		
Are you using an external shed or building for the use of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe type of building and the size of the building		

Description of Menu or Items Sold
Please provide us with a description of your menu or items being sold

Fees Schedule 01-Jul 2024 – 30 June 2025
<p>Establishment Fee –\$372.00</p> <p>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</p> <p>Alterations to existing premises - \$186.00</p> <p>This fee is applicable to alterations made on existing premises. All alterations are subject to Planning and Building approval</p> <p>Pre Sale Inspection - Standard \$309.00 (10 working days) Priority - \$618.00 (5 business days)</p> <p>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.</p> <p>A Presale Consent to Disclose must be completed for this service.</p>

Planning & Building Requirements						
<p>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:</p> <ul style="list-style-type: none"> • 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) <p><input type="checkbox"/> I have contacted the following the following departments and authorities to ensure that I have obtained all relevant permit/application information:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Council's Statutory Planning Unit.....</td> <td style="text-align: right;">9262 6333</td> </tr> <tr> <td><input type="checkbox"/> Council's Building Services Unit.....</td> <td style="text-align: right;">9262 6333</td> </tr> <tr> <td><input type="checkbox"/> Yarra Valley Water Trade Waste Team</td> <td style="text-align: right;">1300 771 865</td> </tr> </table>	<input type="checkbox"/> Council's Statutory Planning Unit.....	9262 6333	<input type="checkbox"/> Council's Building Services Unit.....	9262 6333	<input type="checkbox"/> Yarra Valley Water Trade Waste Team	1300 771 865
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The personal information requested above is for the purpose of administering 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