

To: Chief Executive Officer, Fraser Coast Regional Council**Application for:****New Licence** **Amendment of Licence (Section 5)** **Restoration of Licence** **Section 1 – Applicant's details** *(Please print)*

Applicant Name (Person/s or Company):

Date of Birth:

Please note: Trust funds are not acceptable *(refer section 53 Food Act 2006)*

Director/s name:

ABN:

Telephone:

Mobile:

Facsimile:

Email:

Postal Address:

Section 2 – Food Business Details *(Please print)*

Trading name:

Contact name for this application:

Telephone:

Mobile:

Facsimile:

Email:

Description of food business: *(eg café, restaurant, cannery etc)*

No. of chairs:

Description of type of Food Handled: *(eg Seafood, Pies, cooked meats etc)*Does your business involve any off-site or on-site catering?: *(please circle)* Yes

No

Address of food premises: *(include name of shopping centre, if applicable & shop #)*Registration number of vehicle: *(applies to Mobile Food Vehicles only)*Vehicle Identification Number (VIN): *(applies to Mobile Food Vehicles only)*

Real property description: Lot no.

Registered plan no.:

Section 3 – Nomination of Food Safety Supervisor

Name:

Address:

Business hours contact number:

If you have more than one food safety supervisor, please attach details and relevant contact information. The nominated Food Safety Supervisor/s will need to provide a certified copy of their Statement of Attainment for specified units of competency. (Refer to the Queensland Health website for further information www.health.qld.gov.au/ph/Documents/ehu/33262.pdf or contact Council's Regulatory Services - Health Unit.)

PO Box 1943, Torquay Q 4655 | **Hervey Bay** 77 Tavistock Street, Torquay Q 4655| **Maryborough** 431 – 433 Kent Street, Maryborough Q 4650| **Phone:** 1300 79 49 29 | **Facsimile:** 07 4197 4455

Section 4 - Suitability of Applicant to Hold Licence (Please print)

Skills and knowledge of applicants to sell safe and suitable food: (Include details of courses attended, certificates, etc)

*Have any of the applicants been convicted for a breach of any food legislation? Yes No

*Have any of the applicants previously held a licence under the Food Act 2006, the Food Act 1981 or a corresponding law? Yes No

*Have any of the applicants been refused a licence under the Food Act 2006, the Food Act 1981 or a corresponding law? Yes No

* Note: If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included (If any answer above is Yes, please supply details)

Section 5 - Amendment Details (Please supply details of changes required to your existing Licence)

Name: _____ Licence Number: _____

Section 6 - Attachments (Please tick the appropriate box below)

Existing Premises - Please provide a floor plan drawn to scale (1:100) showing current layout of food premises.

Construction/refit of food premises – Provide 2 copies of floor plans and elevations:

(a) Floor plans (1:100) listing details of layout for all benches, basins and equipment storage;

(b) Cross Sections & Elevations (1:50) to indicate details of finishes to walls, floors, ceilings, benches and storage.

Please contact Regulatory Services – Health Unit for an application and information pack.

I _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Signature of Applicant: **Date:**

Lodgement: This application must be accompanied by the licence fee fixed by the Fraser Coast Regional Council current Fees & Charges Schedule. Please forward your application to the address on the bottom of this form.

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used for the purpose of processing your application as required under the Food Act 2006. Your personal information will be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the Information Privacy Act 2009.

Section 7 - Fee Schedule

NEW APPLICATION

AMENDMENT OF LICENCE:

RESTORATION OF LICENCE:

Please see current Fees & Charges Schedule for relevant fees

OFFICE USE	Fee Paid	Date	Receipt Number	Health Number
	\$			

PO Box 1943, Torquay Q 4655 | **Hervey Bay** 77 Tavistock Street, Torquay Q 4655

| **Maryborough** 431 – 433 Kent Street, Maryborough Q 4650

| **Phone:** 1300 79 49 29 | **Facsimile:** 07 4197 4455