

Food Act 2006

APPLICATION FOR A FOOD BUSINESS LICENCE

PURPOSE OF FORM: This form will be used to process your application for a Food Business Licence.

Application Type:

- | | |
|--|--|
| <input type="checkbox"/> Construction and Licence of New Food Business | <input type="checkbox"/> New Licence (<i>existing food business</i>) |
| <input type="checkbox"/> Mobile Food Vehicle Licence | <input type="checkbox"/> Alteration- Minor Refit of Existing Food Business |
| <input type="checkbox"/> Amendment of Licence Details | <input type="checkbox"/> Alteration- Major Refit of Existing Food Business |

For applicable fees and charges, please refer to page 6 of this Application Form.

<p>The applicant is to be the OWNER of the business. Trust funds are not acceptable (refer Section 53 of the <i>Food Act 2006</i>). Complete EITHER the Individual Applicant/s Section or the Registered Entity Section only.</p> <p>If a Company, insert Company Name and ACN.</p>	<h3 style="margin: 0;">Section 1 – Applicant’s Details</h3>																	
	<p>Complete for Individual Applicant/s only:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Title:</td> <td style="width: 50%;">Title:</td> </tr> <tr> <td>Surname:</td> <td>Surname:</td> </tr> <tr> <td>Given Names:</td> <td>Given Names:</td> </tr> </table>			Title:	Title:	Surname:	Surname:	Given Names:	Given Names:									
Title:	Title:																	
Surname:	Surname:																	
Given Names:	Given Names:																	
<p>Business name relates to the Trading Name of the business and will appear on the Licence certificate.</p> <p>A separate Mobile Food Business Licence Application is required for each vehicle in which licensable activities are to be conducted.</p>	<p>OR Complete for Registered Entity/Company only:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Company Name:</td> </tr> <tr> <td colspan="3">Director’s Name:</td> </tr> <tr> <td colspan="3">ACN:</td> </tr> </table>			Company Name:			Director’s Name:			ACN:								
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	Director’s Name:																	
	ACN:																	
	<h3 style="margin: 0;">Section 2 – Contact Details</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">On-site Contact Person:</td> </tr> <tr> <td>After Hours Phone Number:</td> <td colspan="2">Fax:</td> </tr> <tr> <td>Mobile:</td> <td colspan="2">Email:</td> </tr> </table>			On-site Contact Person:			After Hours Phone Number:	Fax:		Mobile:	Email:							
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	<h3 style="margin: 0;">Section 3 – Business Details</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Business Name:</td> <td colspan="2">ACN:</td> </tr> <tr> <td colspan="3">Business Address:</td> </tr> <tr> <td colspan="3">Postal Address (<i>if different to above</i>):</td> </tr> <tr> <td>Business Ph:</td> <td colspan="2">Business Fax:</td> </tr> <tr> <td>Business Mobile:</td> <td colspan="2">Business Email:</td> </tr> </table>			Business Name:	ACN:		Business Address:			Postal Address (<i>if different to above</i>):			Business Ph:	Business Fax:		Business Mobile:	Business Email:	
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Postal Address (<i>if different to above</i>):																		
Business Ph:	Business Fax:																	
Business Mobile:	Business Email:																	
<h3 style="margin: 0;">Section 4 – Vehicle Details</h3> (<i>applicable for applications for Mobile Food Business Licences only</i>) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Vehicle details:</td> <td style="width: 25%;">Make:</td> <td style="width: 25%;">VIN:</td> <td style="width: 25%;">Registration No:</td> </tr> </table>			Vehicle details:	Make:	VIN:	Registration No:												
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<h3 style="margin: 0;">Section 5 – Nomination of Food Safety Supervisor</h3> (<i>must be provided within 30 days of a Licence being issued</i>) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Surname:</td> <td style="width: 50%;">Given Names:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> <tr> <td>Contact Details - Business Hours:</td> <td>After Hours:</td> </tr> </table> <p><i>The nominated Food Safety Supervisor/s should provide a certified copy of their Statement of Attainment for specified units of competency:</i></p> <p>https://www.health.qld.gov.au/_data/assets/pdf_file/0027/813618/food-safety-supervisors.pdf</p>			Surname:	Given Names:	Address:		Contact Details - Business Hours:	After Hours:										
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<p>Skills and knowledge of applicants* to sell safe and suitable food.</p>	<p>Section 6 – Suitability of Person to Hold a Licence</p> <p>Have any of the applicants* been convicted for a breach of any food legislation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details.</p>
	<p>Have any of the applicants* previously held a licence under the <i>Food Act 2006</i>, the <i>Food Act 1981</i> or a corresponding law that was suspended or cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details.</p>
	<p>Have any of the applicants* been refused a licence under the <i>Food Act 2006</i>, the <i>Food Act 1981</i> or a corresponding law? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details.</p>
	<p><i>*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.</i></p>
	<p>Section 7 -Type of Premises <i>(Tick all boxes that apply)</i></p> <p><input type="checkbox"/> Childcare Centre / Aged Care / Catering (A) <input type="checkbox"/> Restaurant /Café / Takeaway (B) <input type="checkbox"/> Supermarket (A) <input type="checkbox"/> Mobile Food Vehicles / Boat (B) <input type="checkbox"/> Wholesaler (A) <input type="checkbox"/> Fruit and Vegetables (C) <input type="checkbox"/> Other</p>
<p>Please provide copy of proposed menu.</p>	<p>Section 8 - Type of Food Handled <i>(Tick all boxes that apply)</i></p> <p><input type="checkbox"/> Fish / Seafood products <input type="checkbox"/> Milk / Ice cream / Yoghurt / Cheese <input type="checkbox"/> Chilled / Frozen foods <input type="checkbox"/> Fruit / Vegetables <input type="checkbox"/> Bakery products <input type="checkbox"/> Ice <input type="checkbox"/> Sandwiches <input type="checkbox"/> Confectionery <input type="checkbox"/> Meat Pies <input type="checkbox"/> Eggs <input type="checkbox"/> Raw meats / Frozen meat / Poultry <input type="checkbox"/> Rice / Pasta <input type="checkbox"/> Hamburgers / Sausages <input type="checkbox"/> Cooked meats</p>
	<p>Section 9 - Amendment Details <i>(Provide details of changes required to your existing food business licence)</i></p> <p>Licencee Name: _____ Licence Number: _____</p>
	<p>Change of default postal address:</p>
	<p>Change of location: <i>(Applicable for relocation of business from one approved premises to another approved premises only)</i></p>
	<p>Removal of additional licencee/s:</p>
	<p>Change of nominated Food Safety Supervisor:</p>
	<p>Other: <i>(Provide details)</i></p>
	<p>(Application Category A, B, or C)</p>
<p>Please complete this Section only if making amendments to your existing Food Business Licence details.</p>	

Supporting information - Food Business Licence

Section 10 - Description of Materials/Finishes

Floors:

Coving:

Description of how appliances/fixtures are mounted/installed on flooring: (e.g. benches/shelving/refrigerators fitted with metal legs, wheels or on plinths – list more than one where applicable)

Walls: - (General)

- (Behind cooking equipment)

- (Splashbacks)

Ceilings:

Floor to ceiling height:(mm)

Internal window sills: Splayed 45 °C N/A

Lighting:

Recessed: Y N

Covers: Y N

Description of Lighting:

Benches:

Fixed: Y N

Castors: Y N

Legs: Y N

Constructed of:

Cabinets:

Fixed: Y N

Castors: Y N

Legs: Y N

Constructed of:

Section 11 - Mechanical Exhaust Ventilation System

Constructed/Installed by:

Name:

Phone:

Company:

Address:

Section 12 - Temperature Control Appliances

Cold Room Y N

Freezer Room: Y N

Hot Display: Y N

Cold Display: Y N

Is adequate lighting provided? Y N

Section 13 - Measures to Manage Pests

Describe how pests such as cockroaches, flying insects and rodents will be excluded from the premises:

You are required to attach a certificate from the installer specifying that the mechanical exhaust canopy complies with AS/NZS1668; The Use of ventilation and air conditioning in buildings – Mechanical ventilation in buildings, prior to final approval being issued.

Section 14 - Cooking Equipment (list all)*(e.g. ovens, toaster, salamanders, microwaves, bain maries, grillers, dishwashers etc.)*

Appliance description	Power output	Under exhaust hood (Yes/No)

Section 15- Cleaning Facilities

Double bowl sink: <input type="checkbox"/> Y <input type="checkbox"/> N	Size: (litres)	Drainage area: (m ²)
Dishwasher: <input type="checkbox"/> Y <input type="checkbox"/> N	Glasswasher: <input type="checkbox"/> Y <input type="checkbox"/> N	
Food Preparation sink: <input type="checkbox"/> Y <input type="checkbox"/> N Quantity:	Size: (litres)	Drainage area: (m ²)
Pot sink: <input type="checkbox"/> Y <input type="checkbox"/> N	Size (litres)	Drainage area: (m ²)
Hand wash basin: <input type="checkbox"/> Y <input type="checkbox"/> N Quantity:	Size (litres)	Single spout <input type="checkbox"/> Y <input type="checkbox"/> N
Method of operation (i.e. hands free/flick mixer):		
Cleaners sink: <input type="checkbox"/> Y <input type="checkbox"/> N	Drop down grate: <input type="checkbox"/> Y <input type="checkbox"/> N	
Splash backs supplied above all sinks/basins: <input type="checkbox"/> Y <input type="checkbox"/> N		
Grease trap: <input type="checkbox"/> Y <input type="checkbox"/> N	Size: (litres)	
Floor wastes: <input type="checkbox"/> Y <input type="checkbox"/> N	Number:	

*Please note all plumbing work/alterations **MUST** have approval and be inspected by Council's Plumbing Section prior to commencement of use. Please contact Council's Plumbing Section on **1300 79 49 29** for further information.*

Section 16 - Washing Facilities

Dishwasher

Brand/Manufacturer:

Washing & Rinsing

Action automatic: Y No
 Washes in one operation: Y No

Rinse Details

Water at 50°C with 50mg/kg Sodium Hypochlorite: or Y No
 Water at 75°C or higher. Y No
 Other, please specify:

Water heater: Integral Separate
 Thermometer visible? Y No

Glasswasher

Brand/Manufacturer:

Washing & Rinsing

Action automatic: Y No
 Washes in one operation: Y No

Rinse Details

Water at 50°C with 50mg/kg Sodium Hypochlorite: or Y No
 Water at 75°C or higher. Y No
 Other, please specify:

Water heater: Integral Separate
 Thermometer visible? Y No

Section 17 - Hot Water System *(To be completed for new food premises only)*

Type: _____ Commercial Model No.: _____

Attach certification stating the system is adequate to supply continuous hot water at greater than 60°C at all points of use.

Section 18 - Operation and Amenities

Number of employees: _____

Dining: Y N

Number of seats: _____

Toilet facilities for customers: Y N

Separate toilet facilities for staff: Y N

Number of female toilets: _____

Number of male toilets: _____

Number of unisex toilets: _____

Liquor Licence: Y N

BYO: Y N

Staff personal belongings storage: Description (type & location)

Cleaning equipment storage: Description (type & location)

Office/paperwork storage: Description (type & location)

Section 19 - Attachments -

Please provide the following attachments with this application:

- A Floor Plan drawn to a scale of 1:100 providing details of layout for all benches, basins and equipment storage; and
- Cross-section and Elevation Plans drawn to a scale of 1:50 to indicate details of finishes to walls, floors, and ceilings; and
- A copy of the proposed menu; and
- A copy of Food Safety Supervisor certification for all nominated Food Safety Supervisors; and
- Mechanical Exhaust Ventilation certification for compliance with AS1668.1 and AS1668.2 (if applicable); and
- Documented Recall System (if applicable).

Section 20 - Declaration -

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:** _____

Applicable Fees and Charges:

The following fees apply to an Application for a new Food Business Licence:

- **Application Fee-** this fee applies to the lodgement and assessment of the Application and one inspection* prior to opening (Final Inspection); and
- **Annual Licence and Inspection Fee-** this fee applies to the issuing of a licence/approval for the stated term and all routine inspections* to be undertaken during the period for which the licence/approval is valid.
(An Application for a new Food Business Licence must be accompanied by the Application Fee AND the Annual Licence and Inspection Fee).

**Please note: any additional follow-up inspections undertaken to verify compliance may incur an additional inspection fee.*

Please refer to the Fees and Charges Schedule in place at the time of making this Application for fee amounts. The Fees and Charges Schedule for the current financial year can be accessed on Council’s website.

OFFICE USE ONLY			
Date: CSO Initials:	Amount Paid \$	Receipt Number:	Application Number: FF/MF-