

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 (existing food business) |
| <input type="checkbox"/> Mobile Food Vehicle Licence | <input type="checkbox"/> New Licence for an Approved Share Kitchen Facility* |
| | <small>*Only applies to an existing approved kitchen facility being used by at least one other licensed food business.</small> |
| <input type="checkbox"/> Alteration- Minor Refit of Existing Food Business | <input type="checkbox"/> Alteration- Major Refit of Existing Food Business |
| <input type="checkbox"/> Amendment of Licence Details | |

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>	Section 1 – Applicant’s Details			
	Complete for Individual Applicant/s only:			
	Title:		Title:	
	Surname:		Surname:	
	Given Names:		Given Names:	
	OR Complete for Registered Entity/Company only:			
	Company Name:			
	Director’s Name:			
	ACN:			
	<p>Business name relates to the Trading Name of the business and will appear on the Licence certificate.</p>	Section 2 – Contact Details		
On-site Contact Person:				
After Hours Phone Number:			Fax:	
Mobile:			Email:	
Section 3 – Business Details				
Business Name:		ACN:		
Business Address:				
Postal Address (if different to above):				
Business Ph:		Business Fax:		
Business Mobile:		Business Email:		
<p>A separate Mobile Food Business Licence Application is required for each vehicle in which licensable activities are to be conducted.</p>	Section 4 – Vehicle Details (applicable for applications for Mobile Food Business Licences only)			
	Vehicle details:	Make:	VIN:	Registration No:
	Section 5 – Nomination of Food Safety Supervisor/s (Must be provided within 30 days of a Licence being issued. Please attach a separate sheet to this form should you wish to nominate more than one Food Safety Supervisors for the business).			
	Surname:		Given Names:	
Address:				
Contact Details - Business Hours:		After Hours:		
<p>Persons to be nominated as a Food Safety Supervisor for a food business must consent to this nomination.</p>				

Signed declaration must be completed by the person being nominated as a Food Safety Supervisor (where this person is not the licensee).

(Complete the below declaration only where the nominated person is not the licensee).

I, _____, consent to this application being made by the licensee (or an authorised representative) to be a nominated Food Safety Supervisor for the above food business and am aware of my legal responsibilities in performing this role.

Signature: _____

The nominated Food Safety Supervisor/s should provide a certified copy of their Statement of Attainment for specified units of competency:

https://www.health.qld.gov.au/_data/assets/pdf_file/0027/813618/food-safety-supervisors.pdf

Skills and knowledge of applicants* to sell safe and suitable food.

Section 6 – Suitability of Person to Hold a Licence

Have any of the applicants* been convicted for a breach of any food legislation?

No Yes If yes, please attach details.

Have any of the applicants* previously held a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law that was suspended or cancelled?

No Yes If yes, please attach details.

Have any of the applicants* been refused a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law?

No Yes If yes, please attach details.

**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.*

Section 7 -Type of Premises (Tick all boxes that apply)

Childcare Centre / Aged Care / Catering

Restaurant /Café / Takeaway

Supermarket

Mobile Food Vehicles / Boat

Wholesaler

Fruit and Vegetables

Share Kitchen Facility / Community Hall

Other

Please provide copy of proposed menu.

Section 8 - Type of Food Handled (Tick all boxes that apply)

Fish / Seafood products

Milk / Ice cream / Yoghurt / Cheese

Chilled / Frozen foods

Fruit / Vegetables

Bakery products

Ice

Sandwiches

Confectionery

Meat Pies

Eggs

Raw meats / Frozen meat / Poultry

Rice / Pasta

Hamburgers / Sausages

Cooked meats

Please complete this Section only if making amendments to your existing Food Business Licence details.

Section 9 - Amendment Details (Provide details of changes required to your existing food business licence)

Licencee Name:

Licence Number:

Change of default postal address:

Change of location:

(Applicable for relocation of business from one approved premises to another approved premises only)

Removal of additional licensee/s:
Change of nominated Food Safety Supervisor:
Other: <i>(Provide details)</i>

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: <input type="checkbox"/> Splayed 45°C <input type="checkbox"/> N/A	
Lighting:	Recessed: <input type="checkbox"/> Y <input type="checkbox"/> N	Covers: <input type="checkbox"/> Y <input type="checkbox"/> N	
Description of Lighting:			
Benches:	Fixed: <input type="checkbox"/> Y <input type="checkbox"/> N	Castors: <input type="checkbox"/> Y <input type="checkbox"/> N	Legs: <input type="checkbox"/> Y <input type="checkbox"/> N
Constructed of:			
Cabinets:	Fixed: <input type="checkbox"/> Y <input type="checkbox"/> N	Castors: <input type="checkbox"/> Y <input type="checkbox"/> N	Legs: <input type="checkbox"/> Y <input type="checkbox"/> N
Constructed of:			

Section 11 - Mechanical Exhaust Ventilation System

Constructed/Installed by:	
Name:	Phone:
Company:	
Address:	

Section 12 - Temperature Control Appliances

Cold Room	<input type="checkbox"/> Y <input type="checkbox"/> N	Freezer Room:	<input type="checkbox"/> Y <input type="checkbox"/> N
Hot Display:	<input type="checkbox"/> Y <input type="checkbox"/> N	Cold Display:	<input type="checkbox"/> Y <input type="checkbox"/> N
Is adequate lighting provided? <input type="checkbox"/> Y <input type="checkbox"/> N			

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 13 - Measures to Manage Pests

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

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

Thermometer visible?

Separate

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

Thermometer visible?

Separate

Y No

Section 17 - Hot Water System *(To be completed for new food premises only or where an existing unit has been replaced)*

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)

Waste storage facilities:

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 (required for applications for new constructions or alterations to an existing food premises only); 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-