

## Application for a Food Business Licence

### Food Act 2006

#### IMPORTANT INFORMATION

**Privacy Notice:** In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose for which the completion of this form is intended, and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

#### FEES & CHARGES INFORMATION

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 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.

#### DEFINITIONS

**AMENDMENT:** is for an administrative amendment to a licence only and may include the addition or removal of a licensee or a change in the business trading name. A new certificate will be issued upon approval of an amendment application that reflects the required changes.

**ALTERATION:** is for minor or major alterations to an existing approved premises and may include the installation of an additional hand wash basin or an extension to an existing kitchen facility. Council's Environmental Health Section will determine whether the proposed alterations are minor or major in nature. Council approval of an alteration application is required prior to works being undertaken.

Note: The complete removal and replacement of an existing facility will require a New Food Business Licence Application for the construction and fit-out of a new premises.

Section 1: APPLICATION TYPE	
<b>Construction and Licence of New Food Business</b>	<input type="checkbox"/> Yes <b>OR</b> <input type="checkbox"/> No
<b>New Licence</b> <i>(existing food business)</i>	<input type="checkbox"/> Yes <b>OR</b> <input type="checkbox"/> No
<b>Mobile Food Vehicle Licence</b>	<input type="checkbox"/> Yes <b>OR</b> <input type="checkbox"/> No
<b>New Licence for an Approved Share Kitchen Facility*</b> <i>*Only applies to an existing approved kitchen facility being used by at least one other licensed food business.</i>	<input type="checkbox"/> Yes <b>OR</b> <input type="checkbox"/> No
<b>New Licence for a Home-based Kitchen Facility</b>	<input type="checkbox"/> Yes <b>OR</b> <input type="checkbox"/> No
<b>Amendment of Licence Details</b> <i>Complete Sections 2-4, 9 and 21 only</i>	<input type="checkbox"/> Yes Existing Licence Number:
<b>Alterations/Re-fit of Existing Food Business</b> <i>Complete Sections 2-3 and 11-21 only</i>	<input type="checkbox"/> Yes Existing Licence Number:

Section 2: APPLICANT DETAILS	
<ul style="list-style-type: none"> <li>The applicant is to be the OWNER of the business. Trust funds are not acceptable (refer to Section 53 of the <i>Food Act 2006</i>).</li> <li>Complete <b><u>EITHER</u></b> the Individual Applicant/s Section or the Registered Entity Section <b><u>only</u></b>.</li> <li>If a Company, insert Company Name and ACN.</li> </ul>	
COMPLETE FOR INDIVIDUAL APPLICANT/S ONLY	
APPLICANT ONE	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Surname:	
Given Name/s:	
APPLICANT TWO	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Surname:	
Given Name/s:	

**OR**

COMPLETE FOR REGISTERED ENTITY/COMPANY ONLY	
Company Name:	
Director/s Name/s:	
ACN:	

Section 3: CONTACT & BUSINESS DETAILS	
<i>Business name relates to the Trading Name of the business and will appear on the Licence certificate.</i>	
Business Trading Name:	
Business Trading Address:	
Postal Address: <i>If different to above</i>	
Business Phone:	
Business Email:	
On-site Contact Person:	
Mobile:	
After Hours Phone:	
Email:	

Section 4: AMENDMENT DETAILS (IF APPLICABLE)	
<i>Complete this section only if making amendments to your existing Food Business Licence.</i>	
Licensee Name:	
Licence Number:	
Change of Business Trading Name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
New Trading Name (if applicable):	
Removal or addition of Licensee/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Licensee Name/s (if applicable):	
Licensee Name/s to be removed (if applicable):	
Change of Licensee from Individual to Company:	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Note – Existing Individual Licensee must be a director of the registered company entity</i>	
Company Name (if applicable):	
Director Name/s (if applicable):	
ACN (if applicable):	

Section 5: VEHICLE DETAILS	
Applicable for applications for Mobile Food Business Licenses only. A separate Mobile Food Business Licence Application is required for each vehicle in which licensable activities are to be conducted.	
Vehicle Make:	
Vehicle Model:	
VIN:	
Registration Number:	
Other Defining Details:	

Section 6: NOMINATION OF FOOD SAFETY SUPERVISOR/S	
<ul style="list-style-type: none"> <li>Persons to be nominated as a Food Safety Supervisor for a food business must consent to this nomination.</li> <li>Must be provided within 30 days of a Licence being issued.</li> <li>Please attach a separate sheet to this form should you wish to nominate more than one Food Safety Supervisor for the business.</li> <li>A signed declaration must be completed by the person/s being nominated as a Food Safety Supervisor (where the person is not the licensee).</li> <li>The nominated Food Safety Supervisor/s must provide a certified copy of their Statement of Attainment for specified units of competency that was completed within the immediately preceding period of 5 years: <a href="https://www.health.qld.gov.au/data/assets/pdf_file/0027/813618/food-safety-supervisors.pdf">https://www.health.qld.gov.au/data/assets/pdf_file/0027/813618/food-safety-supervisors.pdf</a></li> </ul>	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Surname:	
Given Name/s:	
Address:	
Contact Details (Business Hours):	
Contact Details (After Hours):	
CONSENT	
Signed declaration <b>must</b> be completed by the person being nominated as a Food Safety Supervisor (where this person is not the licensee).	
(Complete the below declaration <b>only</b> 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: _____	

Section 7: SUITABILITY OF PERSON TO HOLD A LICENCE	
Skills and knowledge of applicants* to sell safe and suitable food. *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.	
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
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?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details

Section 8: SKILLS AND KNOWLEDGE OF FOOD HANDLERS
Have all food handlers been appropriately trained and/or have the required skills and knowledge to perform their duties? <input type="checkbox"/> Yes If yes, provide details below of the training provided/completed and/or industry experience.
<input type="checkbox"/> No All food handlers must complete a food safety training course or have appropriate skills and knowledge of food safety and hygiene matters commensurate with their duties. You may comply with your legislative obligation of ensuring food handlers have the appropriate skills and knowledge in food safety and hygiene matters by requiring them to complete a Food Safety Course such as the 'I'M Alert Online Food Safety Course' or the 'Do Food Safely Online Food Safety Course' and maintaining certification of this.

Section 9: TYPE OF PREMISES		
Tick ALL boxes that apply		
<input type="checkbox"/> Childcare Centre/Aged Care/Catering	<input type="checkbox"/> Restaurant/Café/Takeaway	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Mobile Food Vehicles/Boat	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Fruit & Vegetables
<input type="checkbox"/> Share Kitchen Facility/Community Hall	<input type="checkbox"/> Home-based Kitchen	<input type="checkbox"/> Other

Section 10: TYPE OF FOOD HANDLED		
Tick ALL boxes that apply		
<input type="checkbox"/> Fish / Seafood products	<input type="checkbox"/> Milk / Ice cream / Yoghurt / Cheese	<input type="checkbox"/> Meat Pies
<input type="checkbox"/> Chilled / Frozen foods	<input type="checkbox"/> Fruit / Vegetables	<input type="checkbox"/> Raw meats / Frozen meat / Poultry
<input type="checkbox"/> Bakery products	<input type="checkbox"/> Ice	<input type="checkbox"/> Hamburgers / Sausages
<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Confectionery	<input type="checkbox"/> Cooked meats
<input type="checkbox"/> Rice / Pasta	<input type="checkbox"/> Eggs	

Section 11: DESCRIPTION OF MATERIALS/FINISHES			
Floors:			
Coving:			
Description of how appliances/fixtures are mounted/installed on flooring: <i>(e.g. benches/shelving/refrigerators fitted with metal legs, wheels or on plinths – list more than one where applicable)</i>			
Walls:	General:		
	Behind Cooking Equipment:		
	Splashbacks:		
Ceilings:			
Floor to Ceiling Height (mm):			
Internal Windowsills:		<input type="checkbox"/> Splayed 45°C	<input type="checkbox"/> N/A
Lighting:	Recessed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Covers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of Lighting:			
Benches:	Fixed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Castors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Legs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constructed of:			
Cabinets:	Fixed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Castors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Legs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constructed of:			

Section 12: MECHANICAL EXHAUST VENTILATION SYSTEM	
Constructed/Installed By:	
Company Name:	
Installer Name:	
Address:	
Phone:	

Section 13: TEMPERATURE CONTROL APPLIANCES					
Cold Room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Freezer Room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot Display:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cold Display:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adequate Light Provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

**Section 14: MEASURES TO MANAGE PESTS**

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

**Section 15: COOKING EQUIPMENT (list all heating and cooking appliances)***E.g. ovens, toaster, salamanders, microwaves, bain-maries, grillers, dishwashers, etc.*

Appliance Description	Power Input (kW/Mj/h)	Under Exhaust Hood (Yes/No)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 16: CLEANING FACILITIES**

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.

<b>Dishwasher:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Glasswasher:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Double Bowl Sink:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres):	Drainage area (m <sup>2</sup> ):
<b>Food Preparation Sink:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres):	Drainage area (m <sup>2</sup> ):
<b>Pot Sink:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres):	Drainage area (m <sup>2</sup> ):
<b>Hand Wash Basin/s:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres):	Single Spout: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Quantity of Basins	No.	Hot Water: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Method of Operation (i.e. hands free/flick mixer):		
<b>Cleaners Sink:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drop down grate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Splashbacks Supplied Above All Sinks/Basins:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Double Bowl Sink:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres):	Drainage area (m <sup>2</sup> ):
<b>Grease Trap:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres):	
<b>Floor Wastes:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	

**Section 17: WASHING FACILITIES**

<b>Dishwasher Brand/Manufacturer:</b>			
<b>Washing and Rinsing:</b>	Action automatic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Washes in one operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Rinse Details:</b>	Water at 50°C with 50mg/kg Sodium Hypochlorite; OR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Water at 75°C or higher	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other, please specify:		
	Water heater:	<input type="checkbox"/> Integral <input type="checkbox"/> Separate	
	Thermometer visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Glasswasher Brand/Manufacturer:</b>			
<b>Washing and Rinsing:</b>	Action automatic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Washes in one operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Rinse Details:</b>	Water at 50°C with 50mg/kg Sodium Hypochlorite; OR	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Water at 75°C or higher	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please specify:	
	Water heater:	<input type="checkbox"/> Integral <input type="checkbox"/> Separate
	Thermometer visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Section 18: HOT WATER SYSTEM

To be completed for new food premises only or where an existing unit has been replaced.

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

Type:

#### Section 19: OPERATION AND AMENITIES

<b>Number of Employees:</b>			
<b>Dining:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Seats:</b>	
<b>Toilet facilities for customers:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Separate Toilet Facilities for Staff:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Female Toilets:</b>		<b>Number of Male Toilets:</b>	
<b>Number of Unisex Toilets:</b>			
<b>Liquor Licence:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BYO:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Description and Location of Storage for Following:</b>			
<b>Staff Personal Belongings:</b>			
<b>Cleaning Chemicals:</b>			
<b>Cleaning Equipment:</b>			
<b>Office/Paperwork:</b>			
<b>Waste Storage Facilities:</b>			
<b>Water Supply:</b>	<input type="checkbox"/> Council/ Town Water <input type="checkbox"/> Rainwater Tank <input type="checkbox"/> Other:		

#### Section 20: ATTACHMENTS

<input type="checkbox"/>	<b>Floor Plan</b> – A detailed and annotated floor plan showing the layout for all benches, basins, food and equipment storage; <b>and</b>
<input type="checkbox"/>	<b>Cross-section and Elevation Plans</b> – Detailed and annotated cross-section and elevation plans that depict details of finishes to walls, floors, and ceilings (required for all applications for new constructions or alterations to an existing food premises <u>only</u> ); <b>and</b>
<input type="checkbox"/>	<b>Proposed Menu</b> - Provide a copy of the proposed menu; <b>and</b>
<input type="checkbox"/>	<b>Food Safety Supervisor Certification</b> - Provide a copy of certification for all nominated Food Safety Supervisors, if available; <b>and</b>
<input type="checkbox"/>	<b>Mechanical Exhaust Ventilation</b> – Provide a copy of certification for compliance with AS1668.1 and AS1668.2 (if applicable); <b>and</b>
<input type="checkbox"/>	<b>Documented Recall System</b> – Provide a documented recall system, if applicable.
<input type="checkbox"/>	<b>Water Supply Management Plan</b> – For alternate supplies to Council's water supply, provide a documented plan outlining treatment and management of the water source to ensure a potable water supply for use within the premises, if applicable.

#### Section 21: 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 regard to any matters relevant to this application.

Signature of Applicant:

Date:

Position in Company (if relevant):

Office Use Only			
Receipt No.	<input type="checkbox"/> Yes	Date Created	Declaration/s Completed/Signed <input type="checkbox"/> Yes
Mandatory Documents Attached		CSO Initials	