

This section is only to be completed when there is a change of owner

3. Current Licence Holder Details

If you are applying for a change in licence holder, please include name the name and signature/agreement of the current licence holder.

Current Licence Holder's Full Name:

Current Licence Holder's Signature:

Date:

4. Suitability of person to hold a licence

Skills & knowledge of applicants to sell safe and suitable food:

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

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? *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.*

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? *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.*

No Yes If Yes, please attach details

5. Nominated Food Safety Supervisor

Nominated contact person

Contact ph.

Mobile

Nominated contact person

Contact ph.

Mobile

Please attach a copy of the Certificate of Competency for the Nominated Food Safety Supervisor

6. Food Safety Program

Does your business provide off-site catering? No Yes

Does your business provide on-site catering at the address provided with this application? No Yes

How often do you provide catering for 200 or more people in a year?
 1-11 12-24
 more than 24

Does your business provide on-site catering at part of the premise address provided with this application? No Yes

Does your business cater for hospitals, aged care facilities or child care facilities? No Yes

7. Schedule

- | | |
|---|--|
| <input type="checkbox"/> Bakery and pastrycook | <input type="checkbox"/> Food Shop |
| <input type="checkbox"/> Café / Restaurant | <input type="checkbox"/> Food Vehicle |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Takeaway Food Bar |
| <input type="checkbox"/> Food manufacturer / Packer | <input type="checkbox"/> Temporary Food Premises |
| <input type="checkbox"/> Other (Please provide details) | |

No. of chairs including Footpath Dining: _____

Complete only if applying for an amendment

8. Other approvals

Please ensure that relevant Council approvals (including those below) have been attained prior to commencement of your business. Please tick which approvals you have applied for:

- Building approval
 Plumbing and drainage approval
 Development approval
 Trade waste approval
 Other – please specify

Please attach.

9. Attachments

- Two (2) copies of a Site Plan, drawn to scale of not less than 1:100, showing the food premises location, waste storage, car parking, staff and public toilet facilities and adjacent land uses.
- Two (2) copies of a Floor Plan, drawn to scale of not less than 1:50, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises). Sink details should be provided, including the type of sink (single bowl, double bowl, triple bowl, hand wash basin or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finish used on equipment, fixtures, floors, walls and ceilings (such as stainless steel or laminated work benches, walls and ceilings finished on top of a high gloss paint and ceramic tiled floor with epoxy grouting).
- Two (2) copies of a Sectional Elevation, drawn to scale of not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of the structures, benches, including fixtures, fittings and equipment within cool rooms/freezer rooms (if applicable).
- Two (2) copies of a Mechanical Exhaust Ventilation Plan, drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed. Please include all operational specifications.
- Two (2) copies of a Transport Vehicle Plan, drawn to scale of not less than 1:50, showing details of the layout of all equipment, fixtures and fittings and the types of materials used.
- Full explanation of selected box/es in the Suitability of person to hold licence section (if applicable).

10. Type of Premises: Please tick all boxes that apply

Manufacturer		Boat	
School, Nursery, Childcare centre		Outside Catering	
Supermarket		Hospital/Nursing Home	
Restaurant / Table Meals / Café		Hotel / Pub	
Market Stall		Premises used by a number of businesses	
Retailer		Private Houses	
Takeaway		Mobile Food Vehicles	
Other			

11. Type of Food handled (Please tick all that apply)

Fish / Seafood products	Vegetables / Fruit
Chilled / Frozen foods	Ice
Bakery products	Confectionary
Sandwiches	Eggs
Meat Pies	Rice / Pasta
Raw meats / Frozen meat / Poultry	Cooked meats
Bulk Storage	Milk / Ice cream / Yoghurt / Cheese

Delivery Vehicles

- Do you deliver food in a vehicle? No Yes
- Do you handle or prepare food in the vehicle? No Yes
- If yes, how many vehicles do you use? 1 2-5 6+

Vehicle details Type: Registration No.:
Type: Registration No.:

Signature of Applicants

I / We hereby make application for the licence of the premises, other place or vehicle particulars of which are set out in the schedule above for and in the connection with conduct of the class or description of business set out, and declare the information provided to be true and correct.

Name:	Name:
Signature:	Signature:
Position:	Position:
Date:	Date:

Office use only

Health Number:	Amount Paid: \$
Receipt Number:	Date Paid: