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| Select as applicable. | Contact details | |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Private |
| | Contact person | |
| | Postal address | |
| | Locality / Suburb | |
| | State | Postcode |
| Contact ph. | Mobile | |
| Contact fax | Email | |

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|--|---|-------------------|
| Schedule Current Food Premises no. | Class or description of business | |
| | Licence no. | Expiry date |
| | Bakery and pastry cook | Food shop |
| | Café / Restaurant | Takeaway food bar |
| | Cannery | Other (specify) |
| | Cordial and soft drink factory | |
| Food manufacturer / Packer | | |

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|--|-------------------------|---------------|--------|
| Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. | Business details | | |
| | Business name | BN | |
| | Company name | ACN / ARBN | |
| | Street address | | |
| | Locality / Suburb | Postcode | |
| | Postal address | | |
| Enter postal address if different from street address. | Locality / Suburb | Postcode | |
| | Contact ph. | Mobile | |
| | Contact fax | Email | |
| Real property description – refer to Rates Notice. | Lot no. | Reg. plan no. | Parish |
| | Hours of business | From | To |

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| Suitability of person to hold a licence |
| Skills & knowledge of applicant/s to sell safe and suitable food: |
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| Nomination of a Food Safety Supervisor |
| Note: If you do not know the details of your Food Safety Supervisor(s) at this time, do not complete this section. However, you are required to provide Council details of your Food Safety Supervisor(s) (with copy of certificate) within thirty (30) days of receiving your licence. |
| Food Safety Supervisor details: |
| Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other(specify) |
| Family Name: |
| Given Names: |
| Business hours contact number: |

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| Refer to definitions ✓ Tick the suitable box in each table | Priority Classification for Food Business Food type and intended use by customer | | |
| | FOOD TYPE AND INTENDED USE BY CUSTOMER | SCORE | ✓ |
| | High-risk foods that are ready-to-eat | 35 | <input type="checkbox"/> |
| | Medium-risk foods that are ready-to-eat | 25 | <input type="checkbox"/> |
| | High-risk foods that are NOT ready-to-eat | 15 | <input type="checkbox"/> |
| | Medium-risk foods that are NOT ready-to-eat | 5 | <input type="checkbox"/> |
| | Low-risk foods that may or may-not be ready-to-eat | 0 | <input type="checkbox"/> |
| Business Score | | | |

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| Activity of food business | | |
| ACTIVITY | SCORE | ✓ |
| High and medium-risk ready-to-eat foods are handled during processing or manufacturing of food. | 25 | <input type="checkbox"/> |
| High and medium-risk ready-to-eat foods are only portioned before receipt by the customer. | 20 | <input type="checkbox"/> |
| Low-risk or non-ready-to-eat foods are handled during processing or manufacturing of food. | 15 | <input type="checkbox"/> |
| A catering business prepares and serves food at a different location | 15 | <input type="checkbox"/> |
| Storage, distribution or sale of pre-packaged food only. | 5 | <input type="checkbox"/> |
| Business Score | | |

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| Method of processing | | |
| PROCESSING | SCORE | ✓ |
| A pathogen reduction step is performed during processing by the food business prior to sale. | -10 | <input type="checkbox"/> |
| A pathogen reduction step is NOT performed during processing by the food business prior to sale. | 0 | <input type="checkbox"/> |
| Business Score | | |

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| Customer base | | |
| CUSTOMER BASE | SCORE | ✓ |
| The food business is NOT a small business (> 10 employees) | 10 | <input type="checkbox"/> |
| The food business is a small business (< 10 employees) | 5 | <input type="checkbox"/> |
| Business directly supplies food at-risk groups | 20 | <input type="checkbox"/> |
| Business Score | | |

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|--|-------------------------|------------|---|
| Add business scores to determine Risk Classification | Priority Classification | | |
| | RISK | SCORE | ✓ |
| | Low | 39 or less | |
| | Medium | 40-64 | |
| | High | 65 or more | |
| BUSINESS SCORE | | | |

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|---|---|-----|--------------------------|------|--------------------------|------------------------------|
| If there are vehicles please attach vehicle information to this form. | Delivery Vehicles | | | | | |
| | Do you deliver food in a vehicle? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | |
| | Do you handle or prepare food in a vehicle? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | |
| | If yes, how many vehicles do you use> | 1-5 | <input type="checkbox"/> | 6-10 | <input type="checkbox"/> | 11+ <input type="checkbox"/> |
| | Vehicle details | | | | | |
| Type | Rego. No. | | | | | |
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| Current approval details Please insert your approval number for each approval type issued by local government | | |
| Approval Type | Approval Number | Office Use Only |
| Building approval | | |
| Plumbing and drainage approval | | |
| Development approval | | |
| Trade-waste approval | | |
| Other-please specify | | |

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.
 Yes No If yes, please attach details

Have any of the applicants previously held a licence under 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.*
 Yes No 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.
 Yes No If yes, please attach details

| | |
|--|---|
| Checklist | |
| Check you have all of the following approvals, if required, prior to submitting your application | <input type="checkbox"/> Building approval <input type="checkbox"/> Plumbing and drainage approval <input type="checkbox"/> Development approval <input type="checkbox"/> Trade waste approval |
| Have you completed all sections of the application form? | <input type="checkbox"/> Food licence application form |
| Check that you have included 2 copies of each of the following plans: | <input type="checkbox"/> Site plan <input type="checkbox"/> Floor plan <input type="checkbox"/> Sectional elevation plans <input type="checkbox"/> Hydraulic plans <input type="checkbox"/> Mechanical exhaust ventilation plans <input type="checkbox"/> Transport vehicle plan (if applicable) |
| If you are a wholesaler, supplier, manufacturer or importer, have you included your recall system? | <input type="checkbox"/> Yes |
| Make sure that you have included the following fees | <input type="checkbox"/> Application fee <input type="checkbox"/> Licence fee |

Signature (Please sign) _____
Date (Please insert Date/Month/Year) ____/____/____

Lodgement
Provide a completed application form, supporting documentation (if required) and appropriate fee to Council – see address at the beginning of the form.
Please note: This application and fee MUST be lodged with Council.

Office use only

G/L number: 3105-1000-0001

Application fee: Receipt number:

Date: Received by:

DWs #:

Application: approved refused

Authorised officer:

Comment:

Date: