

Cook Shire Council

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**Food Act 2006
 Section 74**

Food Business Licence (Amendment / Transfer)

Amendment / Transfer of Licence to Conduct a Food Business

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

To be determined after completing priority classification on page 3

Application is for

Licence change Premises change

to conduct a food business of the following category:

Low Risk Medium Risk High Risk

From: _____

To: _____

Insert name of current owner/s

Not applicable if application is for a change of premises

Transferor/s details

I / We being the holder/s of a licence, particulars of which are set out in the class or description of business, hereby make application for the licence thereof.

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

I declare the information provided in this application to be true and correct.

Signature _____ Date / /

Food Business Licence no.

 Licence no. _____ Expiry date / /

Insert name of New Owner

Transferee/s details

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

I declare the information provided in this application to be true and correct.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

I declare the information provided in this application to be true and correct.

Signature _____ Date / /

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

Class or description of business		
Licence no:-	Expiry date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bakery and pastry cook <input type="checkbox"/>	Food shop <input type="checkbox"/>	
Cafe / Restaurant <input type="checkbox"/>	Takeaway food bar <input type="checkbox"/>	
Cannery <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	
Cordial and soft drink factory <input type="checkbox"/>		
Food manufacturer / Packer <input type="checkbox"/>		
<hr/>		

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Company name		ACN / ARBN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Street address		
	Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<hr/>		
Real property description – refer to Rates Notice.	Lot no.	Reg plan no.	Parish
	Hours of business	From <input type="checkbox"/> am <input type="checkbox"/> pm	To <input type="checkbox"/> am <input type="checkbox"/> pm

Suitability of person to hold a licence	
Skills & knowledge of applicant/s to sell safe and suitable food:	
<hr/>	
<hr/>	
<hr/>	
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. This will not affect the decision made on your application. However, you are required to provide the local government 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) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Family name	
Given names	
Business hours contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Refer to definitions <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/>
	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			

Activity of food business		
ACTIVITY	SCORE	<input checked="" type="checkbox"/>
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		

Method of processing		
PROCESSING	SCORE	<input checked="" type="checkbox"/>
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		

Customer base		
CUSTOMER BASE	SCORE	<input checked="" type="checkbox"/>
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		

Add business scores to determine Risk Classification	Priority Classification		
	RISK	SCORE	<input checked="" type="checkbox"/>
	Low	39 or less	<input type="checkbox"/>
	Medium	40-64	<input type="checkbox"/>
	High	65 or more	<input type="checkbox"/>
BUSINESS SCORE			

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.			

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.

Privacy Statement

You are providing personal information which will be used only for the purpose of delivering services and carrying out Council activities or business specific to your enquiry, request, or application. Your personal information is defined, and handled in accordance with the *Information Privacy Act 2009* and will be accessed only by persons who have been authorised to do so. Your personal information will not be disseminated unless you have given us permission or the disclosure is required by law.

Office use only

G/L number: 3105-1000-0001

Application fee: Receipt number:

Date: Received by:

DWs #:

Application: approved refused

Authorised officer:

Comment:

Date: