

This Application is pursuant to the <i>Food Act 2006</i>	<input type="checkbox"/> New Application	Fee \$ _____	Contact Council if you have any 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.
	<input type="checkbox"/> Amendment	Fee \$ _____	

APPLICANT DETAILS & DECLARATION If a registered business or company, include ABN, ACN or ARBN, <u>AND</u> name and position of person signing this declaration. DECLARATION: SIGN HERE ►	Applicant's name:		
	ABN/ ACN/ARBN (if applicable) <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"/>		
	Address (of Registered Office under the Corporations Act or the <i>Associations Incorporation Act 1981</i> if a company or association):		
	Details of company or association's representative:		
	Title Mr / Mrs / Ms / Miss Other _____		
	Family name		Given names
	Position		
I declare the information provided in this application to be true and correct.			
Signature		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"/>	

DIRECTORS / BUSINESS PARTNERS Name/s of ALL business partners or company directors (If more than 2 attach details on a separate sheet.)	Title Mr / Mrs / Ms / Miss Other _____		
	Family name		Given names
	Position		
	Title Mr / Mrs / Ms / Miss Other _____		
	Family name		Given names
	Position		

Food Business Licence No.	Licence no. _____	Expiry date _____
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PRIMARY CONTACT PERSON	<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"/>	
	Contact ph.	<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"/>	
	Contact fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email	_____	

Mandatory Information	This form must be submitted with your Food Safety Program and payment of the relevant fees		
	Council requires 30 days to decide the application. If there is insufficient information to decide the application then you may be asked to supply further information. This may delay Council's decision.		
	Council requires that your submission must be accompanied by written advice from an approved food safety program auditor that states that the program is compliant with sections 98 and 104 of the <i>Food Act 2006</i> .		
	Please ensure that you have provided your current food license number in the space provided.		
A list of approved Food Safety Plan Auditors can be found at http://www.health.qld.gov.au/ph/documents/ehu/approved_auditors.xls			

BUSINESS DETAILS If a vehicle advise garage address. Enter postal address if different from street address.	Business name (Must be registered with the Qld Office of Fair Trading)		
	ABN <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"/>		
	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"/>			
REAL PROPERTY DESCRIPTION	Lot no.	Reg. plan no.	Parish
DESCRIPTION OF BUSINESS	<input type="checkbox"/> Aged Care Facility		<input type="checkbox"/> Child Care Facility
	<input type="checkbox"/> On Site Catering Facility		<input type="checkbox"/> Off-Site Catering Facility
	<input type="checkbox"/> Implementing a Voluntary Food Safety Plan		
Office use only			
Fee		Date / /	
Scheduled category		File no.	
Receipt no.		Access no.	
Registration no.		Licence no.	

PRIVACY CLAUSE

The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.