

Food Business Licence Application

IS THIS APPLICATION: (PLEASE CHOOSE TYPE 1, 2, 3 OR 4)

TYPE 1	<input type="checkbox"/> NEW APPLICATION (please choose also from a. to g.) <input checked="" type="checkbox"/> a. <input type="checkbox"/> Fixed food premises (eg cafe, takeaway, restaurant) b. <input type="checkbox"/> Mobile food premises c. <input type="checkbox"/> Home based – markets only d. <input type="checkbox"/> Home based – markets and events only e. <input type="checkbox"/> Home based – markets and events and some retail f. <input type="checkbox"/> Market Type A – preparation handling and manufacture of unpackaged food for sale from a temporary food premise for immediate consumption g. <input type="checkbox"/> Market Type B – handling of unpackaged food for sale from temporary food premises – food is manufactured elsewhere (eg sale of unpackaged pies that were manufactured elsewhere in licensed premises) OR																
TYPE 2	<input type="checkbox"/> NEW APPLICATION Change of licence holder for a premises that is currently operating AND holds a current food business licence. OR																
TYPE 3	<input type="checkbox"/> AMENDMENT Change to operation and or premises (eg renovations to existing premises). OR																
TYPE 4	<input type="checkbox"/> AMENDMENT Administration only (eg change to contact details)																
Food Act 2006	In order for your application to be assessed you must: <ul style="list-style-type: none"> • Complete all relevant sections; • Provide all supporting information referred to on this form, and • Submit with the relevant fee <p>➤ FOR TYPE 1 APPLICATIONS (a. to g. inclusive) Complete ALL SECTIONS and provide supporting information.</p> <p>➤ FOR TYPE 2 APPLICATIONS Complete SECTION A and SECTION B.</p> <p>➤ FOR TYPE 3 APPLICATIONS Complete ALL SECTIONS and provide all supporting information.</p> <p>➤ FOR TYPE 4 APPLICATIONS Complete SECTION A.</p> <p>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.</p>																
SECTION A If applicant is a company, insert company name and ACN / ARBN This person will hold responsibility for compliance with the Food Act and Food Standards Code, an applicant other than an operator will be required to demonstrate their suitability to be an applicant under Section 52-59 of the Food Act 2006.	APPLICANT DETAILS <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Company name</td> <td>ACN/ABN</td> </tr> <tr> <td colspan="2">Title</td> </tr> <tr> <td colspan="2">Family Name</td> </tr> <tr> <td colspan="2">Given Names</td> </tr> <tr> <td colspan="2">Position</td> </tr> <tr> <td colspan="2">Email Address</td> </tr> <tr> <td colspan="2">I declare the information provided in this application to be true and correct.</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Company name	ACN/ABN	Title		Family Name		Given Names		Position		Email Address		I declare the information provided in this application to be true and correct.		Signature	Date
Company name	ACN/ABN																
Title																	
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I declare the information provided in this application to be true and correct.																	
Signature	Date																

If there is more than one applicant, please fill in the details of the second applicant here.

Please enter details of the contact person for the business.

Business name must be registered with the Office of Fair Trading.

If the business is a mobile food vehicle or a stall, please advise exact location.

Enter postal address if different from street address.

Real property description – refer to Rates Notice.

Include information on the type/s of foods that are stored and prepared for sale. (eg hamburgers)

Enter operating hours

Off site catering (please circle Yes / No)

Title	
Family Name	
Given Names	
Position	
Email Address	
I declare the information provided in this application to be true and correct.	
Signature	Date

Contact Person		
Postal Address		
Suburb	State	Postcode
Phone Number		Mobile Number
Fax Number		
Email Address		

Business details

Business Name		
Street Address		
Suburb	State	Postcode
Street Address		
Suburb	State	Postcode
Lot No.	Registered Plan No.	Parish

Description of food business. (eg Takeaway store – sells fish and chips, hamburgers, etc):

Hours of Operation (eg 9am to 5pm, Monday to Friday):	

Does your business involve any off-site catering? Yes / No (please circle)

If there are additional vehicles, please attach additional vehicle information to this form.

Vehicle details

Do you deliver food in a vehicle? Yes / No (please circle)

If yes, how many vehicles do you use? _____

Vehicle details

Type	Registration No.
Type	Registration No.
Type	Registration No.
Type	Registration No.
Type	Registration No.
Type	Registration No.

You must complete this section. Please identify if you or your staff have had any experience/training with the handling of food

Suitability of person to hold a licence

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

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE ATTACH DETAILS

Have any of the applicants been convicted for a breach of any food legislation? Yes / No (please circle)

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 previously held a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law that was suspended or cancelled? Yes / No (please circle)

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 refused a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law? Yes / No (please circle)

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.

Nomination of 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) within thirty (30) days of receiving your licence.

Food Safety Supervisor Details

Name
Address
Contact Phone Number

SECTION B

Please complete this section if the licence holder of the premises in question is to change. (eg. in the event the business is sold, the existing licence holder must sign this section).

Current licence holder to complete

I _____, the current license holder for the
(please print name)

business listed on this application form, would like to confirm that I no longer wish to hold a Food Business Licence for this business. In this regard, I have no objection to the applicant completing this application to apply for a Food Business Licence for the premises.

.....
(existing food licence holders signature)

.....
(date)

SECTION C

Attachments

- Two (2) copies of a Site Plan, drawn to scale 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 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 finished used on equipment, fixtures, fittings, floors, walls and ceilings (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting).

SECTION C
(continued)

3. Two (2) copies of Sectional Elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable).
4. Two (2) copies of Hydraulic plan (plumbing and drainage plan), drawn to scale of not less than 1:50, showing the location of water and sewerage pipes and connection types, tundishes and grease traps.
5. Two (2) copies of a Mechanical Exhaust Ventilation Plan/mobile food vehicle drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed.
6. Two (2) copies of a Transport Vehicle Plan/Mobile Food Vehicle drawn to scale of not less than 1:50, showing details of the layout of all the equipment, fixtures and fittings and the types of materials used.
7. Full explanation of circled options in the Suitability of person to hold a licence section (if applicable).
8. For Market Type A and B you are only required to provide item 2, 3, 6 and 7. You must also provide written consent from the market organiser of the markets you wish to be licensed for.

Current approval details

Please insert your approval number for each approval type issued by Local Government. If any of these approvals are not required, you must provide documented evidence in support of this.

Approval Type	Approval No	Office Use Only
Building approval		
Plumbing & drainage approval		
Development approval		
Trade Waste approval		
Other – Please specify		

Mackay Regional Council is collecting this information in order to process your Application. If required, Council may provide your details to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

Office Use Only

Cashiers Ref No : LC/H&RS/PP _____	Date
Amount	File No
Receipt No	Cashier