

Pre-Existing Food Business Application for Licence



Information Privacy Act 2009 – Redland City Council is collecting your personal information in accordance with the *Food Act 2006* in order to process this application. The information will only be used by authorised Council Officers for the purpose of this Pre-Existing food Business application and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

A Pre-Existing Food Business Application for Licence is not applicable if the business has ceased operation or the business has been closed for more than 28 days - a new application is then required.

Food Business still operational or closed for less than 28 days

Food Business Licence Surrender form attached

Licensee Details – The Person/Company/Partnership intending to carry out the business.

Title **(Mr) (Mrs) (Ms) (Miss)** Surname: _____ Given name: _____
Company name: _____ ABN number: _____
Postal Address: _____ Postcode: _____
Who is to be listed on the Certificate of Licence?: Company Person
Contact person: _____
Phone (H) : _____ Phone (W) : _____ Phone (M) : _____
Fax number: _____ Email address: _____

Description of Land - (where the business is located – premises, place or vehicle address)

Address: _____ Postcode: _____
Lot number: _____ Plan number: _____ (as per Title Documents/Rates Notice)

Existing Business Details

Name of existing business _____
Pre-existing approval number: **FP:** _____

Food Business Details

Business name: _____ ABN number: _____
Business address: _____ Postcode: _____
Contact person: _____
Phone (H) : _____ Phone (W) : _____ Phone (M) : _____

If mobile food vehicle, please include:

Registration number: _____ Vehicle make and model: _____
Location of vehicle: _____

Outdoor Dining Details

Is there Outdoor dining? _____
Pre-existing approval number: **OD:** _____

Food Safety Skills and Knowledge

Does the Food Business have a competently qualified Food Safety Supervisor?

No If **No** please contact Council regarding this requirement.

Yes If **Yes** provide name and contact details below and attach copies of Statement of Attainment from a registered training organisation.

Food Safety Supervisor's Details

Title **(Mr) (Mrs) (Ms) (Miss)** Surname: _____ Given Name: _____
Postal Address _____
Postcode _____
Phone (H): _____ Phone (W) _____ Phone (M) _____

Please attach copy of Statement of Attainment from a registered training organisation.

Food Safety Supervisor's Details

(complete where more than one (1) food safety supervisor is to be nominated for the food business)

Title **(Mr) (Mrs) (Ms) (Miss)** Surname: _____ Given Name: _____
Postal Address _____
Postcode _____
Phone (H): _____ Phone (W) _____ Phone (M) _____

Please attach copy of Statement of Attainment from a registered training organisation.

Applicant Suitability Statement

Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the **Food Hygiene Regulations 1989, Food Act 1981, Food Act 2006** or corresponding law in any other states or territories?

No Yes If **YES** give details in an attachment

Licensee's Declaration

I hereby declare that the above information is true and correct.

Title **(Mr) (Mrs) (Ms) (Miss)** Surname: _____ Given name: _____
Licensee's Signature: _____

Office Use Only

No fees payable at lodgement – Pro-rata Invoice will be forwarded to Customer by Regulatory & Health Services

CSO Initials: _____ Date: _____