

Application for Food Business Licence

Food Act 2006
Section 52



Enquiries: 1300 22 55 77
Address: PO Box 1860
Rockhampton Qld 4700
Email: enquiries@rrc.qld.gov.au

PRIVACY NOTICE

Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your application. The Council is authorised to do this under *Food Act 2006*. Some information may be given to other Queensland Local Government authorities and State Government authorities to notify of existing approvals. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

This form is to be used when applying for Food Business Licence with or without an accredited Food Safety Program for a business carried on by the applicant. The details provided are used by Council to decide the application. The application must be submitted with the relevant fee; the food safety program and written advice from a Food Safety Auditor (if applicable).

APPLICANT DETAILS

Applicant Name (Individual, Partnership, Company)	Company Name (if Partnership or Company)
<input type="text"/>	<input type="text"/>
Postal Address	Registered Office Address (if Partnership or Company)
<input type="text"/>	<input type="text"/>
Suburb & Postcode	Suburb & Postcode
<input type="text"/>	<input type="text"/>
Contact Number(s)	Company Director(s) Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	Manager(s) Name
Email	<input type="text"/>
<input type="text"/>	Manager(s) Contact Number
ABN / ACN	<input type="text"/>
<input type="text"/>	<input type="text"/>

LICENCE DETAILS

Licence Type	<input type="checkbox"/> Fixed Premises <input type="checkbox"/> Mobile Premises <input type="checkbox"/> Temporary Event	
Trading Name	Description of Proposed Business (caterer, bakery, takeaway, café, restaurant, hospital)	
<input type="text"/>	<input type="text"/>	
Fixed Premises (please complete the following)		
Premises Address	Lot & Plan Number	
<input type="text"/>	<input type="text"/>	
Suburb & Postcode	Floor Area (m ²)	
<input type="text"/>	<input type="text"/>	

FOR PAYMENT OPTIONS PLEASE SEE OVERLEAF

OFFICE USE ONLY	Date:	CSO:	Information Checked: Yes / No
	Amount: \$	Receipt No:	Licence No:

Do you have current approvals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------	------------------------------	-----------------------------

Development Approval Number <input type="text"/>	Trade Waste Approval Number <input type="text"/>
Building Approval Number <input type="text"/>	Other Approvals <input type="text"/>
Plumbing & Drainage Approval Number <input type="text"/>	<input type="text"/>

Does your business provide offsite catering?	<input type="checkbox"/> Yes (also complete details for Mobile Premises)	<input type="checkbox"/> No
--	--	-----------------------------

Mobile Premises (please complete the following)

Mobile Premises Address <input type="text"/>	Vehicle Registration Number (if applicable) <input type="text"/>
Suburb & Postcode <input type="text"/>	Registered Vehicle Owner <input type="text"/>
Floor Area (m ²) <input type="text"/>	Vehicle Make <input type="text"/>
Vehicle Type (car, van, trailer, caravan) <input type="text"/>	Vehicle Model <input type="text"/>

Temporary Events (please complete the following)

Event Location <input type="text"/>	Event Name <input type="text"/>
Event Address <input type="text"/>	Event Date(s) <input type="text"/>
Suburb & Postcode <input type="text"/>	Floor Area (m ²) <input type="text"/>

FOOD SAFETY PROGRAM

Under the *Food Act 2006*, certain licensable businesses in Queensland must have an accredited Food Safety Program. Food businesses requiring an accredited Food Safety Program include offsite catering; onsite catering at the premises stated in the licence or part of the premises stated in the licence; operations of a private hospital under the *Private Health Facilities Act 1999*; or production of potentially hazardous food to vulnerable populations such as hospital patients, child care centres, aged care facilities, nursing home respite centre.

Are you required to submit a Food Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Business Type	<input type="checkbox"/> Offsite Catering	<input type="checkbox"/> Child Care Centre
	<input type="checkbox"/> Onsite Catering	<input type="checkbox"/> Aged Care Facility
	<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Other (please specify)

Rockhampton Regional Council requires the applicant to obtain a 'Notice of Written Advice' from an approved auditor as to whether the food safety program meets the criteria for food safety programs set out in s104 of the *Food Act 2006*. Visit the Queensland Health website www.health.qld.gov.au/ph/ehu/auditors.asp for approved Food Safety Auditors.

FOOD SAFETY SUPERVISOR

If the details of the Food Safety Supervisor(s) are unknown at the time of application, please do not complete this section. This will not affect the processing of your application. However, you must provide a copy of the Statement of Attainment for the Food Safety Supervisor qualification and their contact details within 30 days of receiving the Food Business Licence.

Food Safety Supervisor Name	Food Safety Supervisor Name
<input type="text"/>	<input type="text"/>
Postal Address	Postal Address
<input type="text"/>	<input type="text"/>
Suburb & Postcode	Suburb & Postcode
<input type="text"/>	<input type="text"/>
Contact Number(s)	Contact Number(s)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Email	Email
<input type="text"/>	<input type="text"/>

CHECKLIST

The following is required to be submitted with this application. Use this checklist to ensure that you have attached all necessary documents for Council to assess and decide the application.

Food Business Details

- Recall system details if the business is a wholesaler, supplier, manufacturer or importer
- Detailed food menu
- List of potentially hazardous ingredients
- Details on the materials used in the design and construction of the premises/vehicle
- Plans must be drawn to scale and comply with the Food Safety Standards 3.2.3, please provide two (2) copies of each:
 - Site Plan
 - Floor Plan
 - Sectional Elevations Plan
 - Hydraulic Plan
 - Mechanical Exhaust Ventilation Plan
 - Transport Vehicle
 - Premises Layout detailing:
 - Details, position and size of all plumbing fixtures
 - Details, position and size of food preparation benches
 - Details, position and size of exhaust canopies
 - Details of all surface finishes (floors, walls, ceilings and bench surfaces)
 - Details of all surface joining methods
 - Details, position and specifications of all food preparation equipment

Food Safety Program

- Two (2) copies of the Food Safety Program
- 'Notice of Written Advice' from an approved Food Safety Auditor

Food Safety Supervisor

- Copy of the Statement of Attainment for the Food Safety Supervisor(s) qualification

DECLARATION

- (a) Has the applicant, executive officer, or any other member of the management committee been convicted of a relevant offence other than a spent conviction? Yes No
- (b) Has the applicant, executive officer, or any member of the management committee previously held a licence under the *Food Act 2006*, *Food Act 1981* or a corresponding law that was cancelled or suspended? Yes No
- (c) Has the applicant, executive officer, or any member of the management committee been refused a licence under the *Food Act 2006*, *Food Act 1981* or a corresponding law? Yes No
- If you have ticked 'Yes' for one or more of the boxes above, please provide details and submit with your application. Is further information attached? Yes No

I submit this Application for Food Business Licence and Food Safety Program Accreditation (if applicable) with the relevant fee and supporting documentation as required. I understand that it is an offence under s267 and s268 of the *Food Act 2006* to provide false or misleading information or documents.

Signature of Applicant

Date

Name of Applicant (Individual, Partnership, Company)

Name of Signatory (if Partnership or Company)

Position of Signatory (if Partnership or Company)

PAYMENT OPTIONS



IN PERSON – You can pay at Council's Customer Service Centres:

232 Bolsover Street, Rockhampton
32 Hall Street, Mount Morgan
1 Ranger Street, Gracemere
70 Anzac Parade, Yeppoon



TELEPHONE – Call 1300 22 55 77 (or from outside Australia call +61294235551) any time to pay with MasterCard or Visa. Payment will only be accepted if completed documentation has been forwarded to Council.



MAIL – Complete and sign the form with your credit card details below or make your cheque/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860 Rockhampton Queensland 4700.

Card Number

Expiry / Visa Mastercard Amount \$ _____

Name on Card _____

Signature _____