

Food Business Licence Application

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Food Act 2006

Contact South Burnett Regional 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.

Description of application

- ☐ Assessment of Licensee (applicant) ☐ Assessment of premise (structural assessment)
☐ Food Business Licence (licence period pro-rata up to 30th Sept)
☐ New Food Premise (new fitout) ☐ Existing Food Premise ☐ Change of Fitout – Existing premise

Licensee (applicant) details (Note: a Trustee is not a Legal entity and cannot be a Licensee) Person/s or organisation/company applying to be the licence holder (must be a legal entity). Provide full name/s of all proposed licensees. If address and contact details differ for each licensee, provide these details as an attachment).

Company Name		ACN / ABN	
Given/Surname/s		Position	
Given/Surname/s		Position	
Postal address			
Contact phone		Mobile phone	
Email			

If your business is a Company or Corporation, please provide details of Director/s

Director/s		Director/s	
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Business Contact details

Business Name				
Contact person		Position		
Postal address				
Physical address	Unit/Street number		Street name	
	Town		Postcode	
Legal address	Lot number		Plan number	
Business phone		Mobile phone		
Email				

Business Activity

Select the most relevant description of your food business (if conducting catering in addition to another type, please select both)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aged/medical care service/meals on wheels services
(may require a Food Safety Program) | <input type="checkbox"/> Caterer off-site
(require a Food Safety Program) | <input type="checkbox"/> Caterer on-site
(may require a Food Safety Program) |
|--|--|---|

<input type="checkbox"/> Childcare centre/after school care (may require a Food Safety Program)	<input type="checkbox"/> Eating establishment	<input type="checkbox"/> Manufacturer/packer	
<input type="checkbox"/> Retail food premises		<input type="checkbox"/> Food takeaway food premises	
Proposed Start Date of Business		/ /	
List Types of food			
Water Source			
<input type="checkbox"/> Council water supply		<input type="checkbox"/> Untreated rainwater	
<input type="checkbox"/> Treated rainwater (provide information)		<input type="checkbox"/> Other (provide details)	
Food Safety Program			
The <i>Food Act 2006</i> requires certain food businesses to hold an accredited food safety program (FSP) including offsite caterers, some onsite caterers (function rooms), childcare centres, private hospitals and aged-care facilities. Refer to the Queensland Health website at www.health.qld.gov.au for further guidance			
Do you have a Food Safety Program? <input type="checkbox"/> Yes (complete and attached Food Safety Program Accreditation Form) <input type="checkbox"/> No			
Vehicle details			
Do you deliver food in a vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you handle or prepare food in the vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many vehicles do you use?		<input type="checkbox"/> 1 - 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11+	
Model/Make		Registration number	
Model/Make		Registration number	
If additional room is required, please attach a separate sheet.			
Suitability of person/s to hold a Licence			
Skills & knowledge of licensee/applicants to sell safe and suitable food			
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 they are included. <div style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details </div>			
Have any of the applicants previously held a Licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> 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 they are included. <div style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details </div>			
Have any of the applicants been refused a Licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> 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 they are included. <div style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details </div>			
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 South Burnett Regional Council details of your food safety supervisor/s within 30 days of receiving your Licence.			

Food Safety Supervisor Name			
Qualifications/Experience (provide details & evidence)			
Address			
Contact phone			
Attachments – Applicable to assessment of premises only			
Tick items supplied			
<input type="checkbox"/>	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.		
<input type="checkbox"/>	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 fitting 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, wash hand basin or cleaner's sink) and the dimensions (include size and depth of the sink). The floor plan should also indicate the type of materials and finishes used on the equipment, fixtures, fittings, floors, walls and ceiling (such as stainless steel or laminated work benches, walls & ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting).		
<input type="checkbox"/>	Two (2) copies of a Sectional Elevation, drawn to scale of not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, equipment, and fixtures including fixtures, fittings, and equipment within cool rooms / freezer rooms (if applicable).		
<input type="checkbox"/>	Two (2) copies of a Hydraulic plan (plumbing and drainage plan), drawn to scale not less than 1:50, showing the location of water and sewage pipes and connection types, tundishes, and grease traps.		
<input type="checkbox"/>	Two (2) copies of a Mechanical Exhaust Ventilation Plan, drawn to scale not less than 1:50, showing details of the layout of all the equipment, fixtures, fittings, and the types of materials used		
<input type="checkbox"/>	Two (2) copies of a Transport Vehicle Plan, 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.		
<input type="checkbox"/>	Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable).		
Declaration			
This section must be completed by, or for each applicant. Where a person is signing on behalf of a corporation or person (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.			
I understand and verify that			
<input type="checkbox"/>	I am duly Authorised to make this application		
<input type="checkbox"/>	The statements and information provided are accurate, true, and complete		
<input type="checkbox"/>	I have received all relevant third-party consents and authorisations		
<input type="checkbox"/>	It is an offence to knowingly provide false or misleading information		
<input type="checkbox"/>	Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity.		
Licensee (Applicant) or Legal Authorised Signatory			
Given/Surname		Signature	Date
Position/role			
Given/Surname		Signature	Date
Position/role			
Fee		Job code	Receipt Number
Office Use Only			
Officer name		Officer signature	Date