

Food Licence Application - Market Stall

PRIVACY NOTICE: SOUTH BURNETT REGIONAL COUNCIL IS COLLECTING YOUR PERSONAL INFORMATION FOR THE PURPOSE OF PROCESSING THIS FORM. COUNCIL WILL RETAIN THESE DETAILS FOR THE PURPOSE OF CONTACTING YOU WITH REGARDS TO ANY COUNCIL RELATED MATTERS. YOUR PERSONAL DETAILS ARE HANDLED IN ACCORDANCE WITH THE *INFORMATION PRIVACY ACT 2009* AND WILL BE USED FOR THE PURPOSES OF RESPONDING TO YOU AND WILL NOT BE DISCLOSED TO ANY OTHER PERSON OR AGENCY EXTERNAL TO COUNCIL WITHOUT YOUR CONSENT, UNLESS REQUIRED OR AUTHORISED BY LAW.

If you have any specific enquiries regarding how to complete this form or applicable fees please contact South Burnett Regional Council.

Please complete this application in BLOCK LETTERS and tick boxes where applicable.

If a question does not apply, please indicate by writing "n/a".

NOTE:

- This Licence is **not** for foods made at a person's home and sold at a market, contact Council for a Home Based Business License.
- This License is **not** to be used for packaged foods sold at a market.
- The license is for the sale of unpackaged foods manufactured/cooked for distribution or sale at a market.

APPLICATION FEE (BOTH FEES ARE TO BE APPLIED)

Assessment of Applicant: \$ _____

Market License: \$ _____

Applicant details	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Family name	
Given names	
Organisation:	
Postal Address:	
Telephone No:	Email Address:

Complete this section if the applicant is a company:

Individual's Full Name or Company/Proprietor. Please note: A trading name or trust is not a legal entity and cannot hold a licence.

Company Name: ACN/ARBN

Title Mr Mrs Ms Miss Other (specify)

If applicant is a Company/Corporation, director's names must be included.

Family name

Given names

Position

Family name

Given names

Position

If you select any of the boxes, please attached a full explanation to this application on a separate sheet.

Event details

Name of Event:	<input type="text"/>		
Location:	<input type="text"/>		
Time of Event:	From <input type="text"/>	<input type="text"/> am/pm	To <input type="text"/> am/pm

Schedule of Events

Name of Event:

Location: State Postcode

This licence is valid for one food event per month only.

Please list if event dates/locations are known. If unknown, please notify Council Environment Health and Build Department as soon as possible when dates/locations are confirmed.

January:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	July	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
February:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	August	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
March	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	September	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
April	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	October	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
May	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	November	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
June	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	December	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LIST THE TYPES OF FOOD THAT WILL BE SOLD AT THE STALL (EG HOT PIES, BURGERS ETC)

Suitability of person to hold a licence

Skills & knowledge of 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.*

No Yes If Yes, please attach details

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? *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.*

No Yes If Yes, please attach details

Have any of the applicants been refused a licence under the *Food Act 2006*, the *Food Act 1981* 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.*

No Yes If Yes, please attach details

Nomination of food safety supervisor

Note: The Food Act requires all food businesses to have a suitably qualified food safety supervisor. Council will require evidence of the qualifications for your nominated food safety supervisor. Complete the section below and attach details of qualifications with those approved by Queensland Health.

Name:	
Address:	
Contact Phone:	

Other Requirements:

Will any food be prepared for sale somewhere other than in the temporary premises? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, the kitchen must be approved for food production by a local government authority. A copy of the current food business licences(s) or the food business licence number(s) for South Burnett Regional Council must be provided.

PROVIDE DETAILS OF THE FOLLOWING:
Provision of hand washing facilities (i.e. running water, liquid soap & paper hand towels)
Provision of Equipment washing facilities
Protection of Food

Food Temperature Control (eg Pies will be stored in a pie warmer. A thermometer will be used to ensure that the temperature of the warmer does not allow the pie temperature to drop below 60°C).

Cooking Equipment (type, location, provision of fire extinguisher). Please also attach a basic floor plan of the proposed activity showing location of equipment etc

Rubbish Disposal

Sketch Plan Diagram of Food Stall (Show equipment and position of hand washing & utensil washing)

I have read and fully understand the above Conditions of Licence and agree to abide by these and any lawful directions given to me by an Authorised Officer of Council.

I will ensure that the premises and all equipment will be maintained to a standard of cleanliness where there is no accumulation of garbage, food waste, dirt, grease or other visible matter.

In the event that any of these conditions are not complied with, I understand that I may be required to cease operation of the food stall, and that no refund of Council fees will be given.

Name of Applicant	
Signature	
Date	□□ / □□ / □□□□

**PLEASE SUBMIT THIS APPLICATION IN FULL,
DO NOT DETACH ANY PAGES.**

OFFICE USE ONLY			
Application Fee:		Receipt Number:	
Receipt Code:		Cashier Initials:	
Date:	□□ / □□ / □□□□		

Lodged at:

- Murgon Office**
- Nanango Office**
- Kingaroy Office**
- Wondai Office**