

Food Business Licence Application

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.

Food Act 2006	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.	
	<input type="checkbox"/> Assessment of Applicant	Fee \$ _____
	<input type="checkbox"/> Assessment of Premises	Fee \$ _____
	<input type="checkbox"/> Assessment of Mobile Premises	Fee \$ _____

If applicant is a company, insert company name and ACN / ARBN	Applicant details	
	Company Name:	ACN / ABN:
	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) _____	
	Family Name:	Given Names:
	Position:	
	I declare the information provided in this application to be true and correct.	
	Signature:	Date
	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) _____	
	Family Name:	Given Names:
	Position:	

Business name must be registered with the Office of Fair Trading. If the business is a vehicle or stall you must advise the exact location.	Business/Contact Details:	
	Business Name:	
	Contact Person:	Position:
	Postal Address:	
	Street address:	
	Contact Phone.	Mobile
	Contact Fax	Email
	Description of food business: (eg. café, restaurant, cannery, etc)	
	Does your business involve any off-site catering? <input type="checkbox"/> Yes <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+
Vehicle details			
Model/Make:		Registration Number:	
Model/Make:		Registration Number:	
Model/Make:		Registration Number:	

If additional room is required, please attach a separate sheet.

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: 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.

Name:	
Address:	
Contact Phone:	

Attachments – Applicable to assessment of premises only

- 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 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).
- 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).
- 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.
- 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.
- 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.
- Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable).

I declare the information provided in this application to be true and correct.

Signature: _____

Date: _____

Fee:		Date:	
Job Code:		Received by:	
Receipt Number:			