

HEALTH & REGULATORY SERVICES

Food Licence Application – Amendment of Food Licence

Food Act 2006
Section 74

PART A Type of Amendment

1 Type of Amendment

- New Licensee **Complete Part A, B & C**
- Change in Food Business Details **Complete Part A & D**
- Minor Fit Out and/or change to Food Preparation Area <20% **Complete Part A & E**
- Major fit out and/or change to Food Preparation Area >20% **Complete Part A & E**

PART B Current Licensee Details

2 Food Licence Number

23.

3 Food Business Type

- Fixed Food Premise
- Mobile Food Premise
- Temporary Food Premise

4 Premises Address Use official address of premises location

Unit No.	Street No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Current Licensee

Individual's full name

Title	Surname/Family Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or

Organisation's full name

6 Postal address

7 Business/Trading Name

8 Business Details

Business phone number	Business fax number	Business Mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

PART C New Licensee

9 Applicant

Individual's full name

Title	Surname/Family Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or

Organisation's full name

10 ABN or ACN

11 Postal address

12 Business/Trading Name

13 Business Details

Business phone number	Business fax number	Business mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Website

14 Preferred Contact Person's Details

Name

Business phone number	Business fax number	Business mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

15 Manager's Details

Name

Business phone number	Business fax number	Business mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

16 Skills & Knowledge

Please provide details of the skills and knowledge the applicant(s) has to sell safe and suitable food. Alternatively, provide details for the person this service to the applicant *e.g. Manager*

17 Food Safety Supervisor

If there are any changes to the Food Safety Supervisor please complete Application to Amend or Notify Food Safety Supervisor form (FM-7-346).

18 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 are included.

No Yes → Please attach details

19 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, cancelled or refused?

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 are included.

No Yes → Please attach details

20 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 are included.

No Yes → Please attach details

21 Licensee Constant

I hereby apply for amendment to the Food Business Licence as detailed in this application.

Name One (1)

Position

Signature & Date

 / / 20

Name Two (2)

Position

Signature & Date

 / / 20

PART D Change to Food Business Details

22 Business/Trading Name

23 Business Details

Business Business phone number

Business fax number

Business mobile No.

Email

24 Food Transport Vehicle Details

Registration No

Make

Model

Colour

Name of Registered Vehicle Owner

Registration No.

Make

Model

Colour

Name of Registered Vehicle Owner

25 Preferred Contact Person's Details

Name

Business phone number <input type="text"/>	Business fax number <input type="text"/>	Business Mobile No. <input type="text"/>
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Email

26 Manager's Details

Name

Business phone number <input type="text"/>	Business fax number <input type="text"/>	Business Mobile No. <input type="text"/>
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Email

27 Licensee Constant

I hereby apply for amendment to the Food Business Licence as detailed in this application.

<p>Name One (1) <input type="text"/></p> <p>Position <input type="text"/></p> <p>Signature & Date <input style="width:80%;" type="text"/> / / 20</p>	<p>Name Two (2) <input type="text"/></p> <p>Position <input type="text"/></p> <p>Signature & Date <input style="width:80%;" type="text"/> / / 20</p>
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PART E Minor or Major Fit out/Changes

1 Provide Details of Proposed Changes

2 Relevant Approvals

Please provide details of current or pending approval reference numbers for

Building Approval	Plumbing & Drainage Approval	Development Approval	Trade Waste Approval
			25.

3 Completion Checklist *Required for this type of amendment*

	Applicant	Health
1. Completed and signed application form with prescribed fee	<input type="checkbox"/>	<input type="checkbox"/>
2. Two (2) copies of each of the following plans Plans must be to scale and comply with Food Safety Standards 3.2.3 The following details must be included in the plan		
▪ 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 finished		
▪ Details of all joining methods		
▪ Details of materials and finishes on walls and ceilings		
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan	<input type="checkbox"/>	<input type="checkbox"/>
Sectional Elevation Plan	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Exhaust Plan	<input type="checkbox"/>	<input type="checkbox"/>
Transport Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Premise Layout	<input type="checkbox"/>	<input type="checkbox"/>

4 Licencee Constant

I hereby apply for amendment to the Food Business Licence as detailed in this application.

<p>Name One (1)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Position</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Signature & Date</p> <div style="border: 1px solid black; height: 25px; width: 100%; text-align: right;"> / / 20 </div>	<p>Name Two (2)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Position</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Signature & Date</p> <div style="border: 1px solid black; height: 25px; width: 100%; text-align: right;"> / / 20 </div>
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APPLICATION LODGEMENT:

Applications may be lodged as follows:

- By Email: ceo@bundaberg.qld.gov.au – scanned copy with signatures only
 By Post: Mail to Bundaberg Regional Council, PO Box 3130, Bundaberg Qld 4670
 By Fax: 07 4150 5410 – with signatures only
 In person: At your local Customer Service Centre between 8:15 am and 4:45 pm Monday to Friday
- Bundaberg Administration Centre, 190 Bourbong Street, Bundaberg
 - Bargara Service Centre, 160 Hughes Road, Bargara
 - Childers Service Centre, 45 Churchill Street, Childers
 - Gin Gin Service Centre, 4 Dear Street, Gin Gin

OFFICE USE ONLY			
Licence Number		Total Amount Payable	
Receipt Type	222	GL	10331.3201.1450
CUSTOMER SERVICE			
Receipt Number		Date Paid	
HEALTH & REGULATORY SERVICES			
H & R Admin			