

# Application for Food Business Licence

## Food Act 2006

### IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Food Act 2006*. The personal information collected on this form will be used to administer the act and maintain a register of Licensed Premises. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Queensland Health for the purpose of administering the act. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

**Application type:**       New Licence                       Alteration to a Licence      EH: \_\_\_\_\_

**Application for:**       Fixed Premise                       Mobile Premise                       Temporary Premise (maximum 3 days)  
 (1 October – 30 September)      (1 October – 30 September)      / / to / /

**Application Fees:**       High Risk\* - \$638.00                       Medium Risk - \$296.00                       Temporary Premise       Alteration to a  
 (includes application and      (includes application and      - \$41.00                      Licence - \$161.00  
 licence fees)                      licence fees)

High Risk premises are those requiring a Food Safety Program, including Child Care Centres, Aged Care Facilities, Off-site Caterers and On-Site Caterers.



### Applicant Details

Applicant Name:			
Directors or Management Committee Names:			
Registered Office Address:			
Suburb:		Post Code:	
Postal Address: (if different to above)			
Suburb:		Post Code:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email Address:			



### Premise Details (for fixed and temporary premises)

Property Name (if applicable):		Lot on Plan:	
Address:			
Suburb:		Postcode:	



### Premise Details (for mobile premises)

Vehicle Registration:			
Inspection Address:			
Suburb:		Postcode:	



### Activity Details

Primary Activity:	<input type="checkbox"/> Restaurant/Café	<input type="checkbox"/> On-site Catering	<input type="checkbox"/> Off-site catering	<input type="checkbox"/> Other _____
Additional Activities:	<input type="checkbox"/> On-site Catering Number of functions/year over 200 people _____		<input type="checkbox"/> Off-site catering (attach details of the make, model and registration of all vehicles proposed to be used)	
Hours of Operation:				





## Applicant Suitability

Skills and knowledge of <b>applicants</b> to sell safe and suitable food: (attach additional pages if required):	
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.	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach details	
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 are included.	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach details	
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 are included.	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach details	

## Nomination of a Food Safety Supervisor (please attach statement of attainment)

NB. 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.

Food Safety Supervisor Name:			
Contact Address:			
Suburb:		Postcode:	
Business Hours Contact Phone:			



## Attachments

- 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 fittings. Plans, or supporting documentation must include:
  - Sink dimensions and proposed use
  - Floor wastes
  - Light fitting design and installation
  - Floor, wall and ceiling surface finishes, including colours
  - Bench surface finishes, including colours
- Two (2) copies of Sectional Elevations of the fit out of the premise, drawn to a scale of not less than 1:50, indicating heights of equipment, fixtures and fittings.
- Two (2) copies of plans of the Mechanical exhaust system, drawn to a scale of not less than 1:50, showing the construction of the canopy and all ducting, including access points to ducting.
- Full explanation of the suitability of person to hold a licence section.
- Copy of statement of attainment from a Registered Training Organisation, showing the nominate Food Safety Supervisor has completed the competencies required by Qld Health.
- If, under section 99 of the *Food Act 2006*, the applicant must have an accredited food safety program for the food business, the proposed food safety program must accompany this application. This is also to be accompanied by Notice of Written Advice from an approved auditor in accordance with sections 56 and 103 of *Food Act 2006* or payment of the relevant fee for accreditation of this program, if not submitted with written advice.



## Customer Signature

I/we hereby make application for Food Business Licence, and declare the information provided to be true and correct. I/we understand that should any information not be completed or attached, this application may be considered not properly made, and returned without assessment.

Signature:	Name:	Date:        /        /
------------	-------	-------------------------



## Office Use Only

Assessment number:		EH No.:	
Amount paid:	\$	Date paid:	/      /
Receipt number:		Initials:	

Batch Number:	Dataworks Number:	Retention:
---------------	-------------------	------------

