

Business name must be registered with the Office of Fair Trading.	Business details		
	Business name BN <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"/><input type="checkbox"/>		
If a vehicle or stall – advise exact location??	Street address		
	Locality / Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>		
Enter postal address if different from street address.	Postal address		
	Locality / Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>		
Real property description – refer to Rates Notice.	Contact person		
	Contact ph. <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"/>	Mobile <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"/> <input type="checkbox"/> <input type="checkbox"/>	
	Contact fax <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"/>	Email _____	
	Lot no.	Reg. plan no.	Parish
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			

If there are additional vehicles, please attach additional vehicle information to this form.	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			
Type	Reg no.			
Type	Reg no.			
Type	Reg no.			

Current approval details		
<i>Please insert your approval number for each approval type issued by Local Government.</i>		
Approval Type	Approval No.	Office Use Only
Building approval		
Plumbing and drainage approval		
Development approval		
Trade waste approval		
Other – please specify		

This information will assist in the processing of your application.	Type of Foods Handled - Please tick all boxes that apply	
	Please complete for food premises only.	
<input type="checkbox"/> Fish / Seafood Products	<input type="checkbox"/> Vegetables / Fruit	
<input type="checkbox"/> Chilled / Frozen Products	<input type="checkbox"/> Ice	
<input type="checkbox"/> Bakery Products	<input type="checkbox"/> Confectionery	
<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Eggs	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Rice / Pasta	
<input type="checkbox"/> Raw Meats / Frozen Meat / Poultry	<input type="checkbox"/> Cooked Meats	
<input type="checkbox"/> Bulk Storage	<input type="checkbox"/> Milk / Icecream / Yoghurt / Cheese	
<input type="checkbox"/> Meat Pies	<input type="checkbox"/> Private Water	

Attachments

The attachments detailed below are required and necessary documentation (including plans) and MUST be submitted with ALL applications.

1. 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.
2. 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 in a bird's eye view (looking down on the premises).
Sink details should be provided, including the type of sink (single bow, double bowl, triple bowl, was hand basin, or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finished used on equipment, fixtures, fittings, floors, walls and ceilings (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting).
3. Two (2) copies of Sectional Elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable).
4. Two (2) copies of Hydraulic plan (plumbing and drainage plan), drawn to scale of not less than 1:50, showing the location of water and sewerage pipes and connection types, tundishes and grease traps.
5. Two (2) copies of a Mechanical Exhaust Ventilation Plan, drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed.
6. 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.
7. Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable).

Please note: This application and fee MUST be lodged with your Council.

Office use only

Fee	Date / /
Scheduled category	File no.
Receipt no.	Access no.
Registration no.	Licence no.