

To: Chief Executive Officer, Fraser Coast Regional Council

Date of Lodgement:

*I / We hereby make the application to *construct / renovate a *premise / vehicle in order to conduct a business required to be licensed and/or registered under the relevant legislation.
(*cross out whichever does not apply)

Applicant / Owner's details *(Please print)*

Full Name of Applicant (Proprietor/s):	Date of Birth:

Name of Owner (if different from above):	

Applicant's Postal Address:	

Trading Name of Business:	

Business Address:	

Applicant's Telephone:	Mobile / A.H.:
-----	-----
Owner's Telephone:	Mobile / A.H.:
-----	-----
Facsimile:	Email:
-----	-----
Signature of Applicant:	Signature of Owner:
-----	-----
Class or Description of Business:	Vehicle Registration <i>(if applicable)</i> :
-----	-----

This application must be accompanied with the applicable fee.

Please refer to the current Fraser Coast Regional Council fees and charges schedule.

Please Note:

The following pages of this application form must be completed where it applies to your construction, and at least **two (2) copies of specifications and drawings** showing plans and elevations to a scale not smaller than 1:100 must be supplied, and where necessary, further detailed drawings including sections sufficient in number and detail to effectively facilitate adequate assessment of the subject matter of the intended construction, renovation and fit-out of the premises.

OFFICE USE	Fee Paid:	Date	Receipt Number	

Please complete ALL following sections that are applicable to your business, insert N/A if the section or question does not apply.

SECTION A – (To be completed by Town Planning Officer)

Type of Business:

Zoning:

Town Planning Officer:

Signature:

Town Planning Application No:

Date:

SECTION B – (To be completed by Building Surveyor)

Current Building Classification:

Building Application Required:

Yes

No

Building Surveyor's Name:

Signature:

Building Application Number:

Date:

SECTION C – Description of Materials / Finishes)

Walls (General)
(Behind Cooking Equipment).....
(Splash backs)

Floors

Coving

Ceilings

Floor to Ceiling Height(mm) Internal Window Sills

Lighting: **Recessed** Yes / No **Covers** Yes / No

Description:

Benches: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Constructed of:

Cabinets: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Constructed of:

Appliances / Fixtures: (are they fitted with metal legs, wheels or on plinths – list if more than one)

SECTION D – Cooking Equipment (List all)

Appliance Description	Power Output	Under Exhaust Hood (Yes / No)
Eg: Ovens, toaster, salamanders, microwaves, Bain maries, grillers, dishwasher etc		

SECTION E – Mechanical Exhaust Ventilation System

Constructed / Installed by:

Name:

Phone:

Company:

Address:

You are required to attach a certificate from the installer specifying that the mechanical exhaust canopy complies with AS 1668.2 -2002 - The use of ventilation & air-conditioning in buildings, prior to final approval being issued

SECTION F – Temperature Control Appliances

Lighting: Yes / No Freezer Room: Yes / No

Hot Display: Yes / No Cold Display: Yes / No

Smorgasbord: Yes / No

Are all heating and chilling appliances fitted with a gauge indicating the operating temperature in an easily readable location? Yes / No

SECTION I – Washing Facilities

Dishwasher: Trade Name: Model ID:

Manufacturer

Name:

Address:

Washing & Rinsing

Action Automatic Yes / No

Washes in one operation Yes / No

Rinse Details

Water at 50 °C with 50mg/kg Sodium Hypochlorite Yes / No

or, Water at 75 °C Yes / No

Other, please specify

Water Heater: Integral / Separate

Thermometer Visible ? : Yes / No

Glasswasher: Trade Name: Model ID:

Manufacturer

Name:

Address:

Washing & Rinsing

Action Automatic Yes / No

Washes in one operation Yes / No

Rinse Details

Water at 50 °C with 50mg/kg Sodium Hypochlorite Yes / No

or, Water at 75 °C Yes / No

Other, please specify

Water Heater: Integral / Separate

Thermometer Visible ? : Yes / No

SECTION J – Hot Water System

Type:Commercial Model No.:

Temperature of Water at point of use (°C)

Supplying water to

Attach certification stating the system is adequate to supply continuous hot water at 75°C at all points of use.

SECTION K – Operation and Amenities

Number of Employees:

Dining: Yes / No Number of Seats:.....

Toilet facilities for customers: Yes / No

Number of Female Toilets: #:.....

Number of Male Toilets: #:.....

Separate Toilet facilities for staff: Yes / No

(Please note these toilets must comply with Building Services requirements)

Liquor Licence: Yes / No

BYO: Yes / No

Staff personal belongings storage - Description (type & location of cupboard)

.....

Cleaning equipment storage - Description (type & location of cupboard)

.....

Office / Paperwork storage - Description (type & location of cupboard)

.....

