

This Application is pursuant to the <i>Food Act 2006</i>	<input type="checkbox"/> New Application	Fee \$ _____	Contact Council if you have any 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"/> Annual Fee	Fee \$ _____	
	<input type="checkbox"/> Amendment	Fee \$ _____	

<b>APPLICANT DETAILS &amp; DECLARATION</b>  If a registered business or company, include ABN, ACN or ARBN, AND name and position of person signing this declaration.  <b>DECLARATION: SIGN HERE ►</b>	Applicant's name:	
	ABN/ ACN/ARBN (if applicable) <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"/>	
	Address (of Registered Office under the Corporations Act or the <i>Associations Incorporation Act 1981</i> if a company or association):	
	Details of company or association's representative:	
	Title Mr / Mrs / Ms / Miss Other _____	
	Family name	Given names
	Position	
I declare the information provided in this application to be true and correct.		
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<b>DIRECTORS / BUSINESS PARTNERS</b>  Name/s of ALL business partners or company directors (If more than 2 attach details on a separate sheet of paper.)	Title Mr / Mrs / Ms / Miss Other _____	
	Family name	Given names
	Position	
	Title Mr / Mrs / Ms / Miss Other _____	
	Family name	Given names
	Position	

Food Business Licence No.	Licence no.	Expiry date
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<b>PRIMARY CONTACT PERSON</b>	<input type="checkbox"/> Business		<input type="checkbox"/> Private		
	Contact person				
	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"/>	
	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"/>	
	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		

<b>Mandatory Information</b>  <b>FOOD SAFETY SUPERVISOR</b>	Nomination of food safety supervisor	
	Note: The <i>Food Act 2006</i> requires that every food premises nominates a person that is responsible for the day to day food hygiene of the food business. This person must have <u>accredited training</u> and be readily contactable. You are required to provide Council with details of your food safety supervisor(s) qualification on this form or within thirty (30) days of submitting this application.	
	Name:	
	Address:	
	Business hours contact no.	
Qualification:		

BUSINESS DETAILS If a vehicle advise garage address.  Enter postal address if different from street address.	Business name (Must be registered with the Old Office of Fair Trading)		
	ABN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Street address		
	Locality/Suburb		State <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
REAL PROPERTY DESCRIPTION	Postal Address		
	Locality/Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Lot no.	Reg. plan no.	Parish
HOURS OF OPERATION	Monday - Friday	From ____am/pm to ____am/pm AND from ____am/pm to ____am/pm	
	Saturday	From ____am/pm to ____am/pm AND from ____am/pm to ____am/pm	
	Sunday	From ____am/pm to ____am/pm AND from ____am/pm to ____am/pm	
	Other _____	From ____am/pm to ____am/pm AND from ____am/pm to ____am/pm	
SUITABILITY OF PERSON TO HOLD A LICENCE  ie. qualifications, training courses, skills and knowledge qualifying the applicant 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 are included. <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach details		
	Have any of the applicants previously held a licence under the <i>Food Act</i> 2006, the <i>Food Act</i> 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 are included. <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach details		
	Have any of the applicants been refused a licence under the <i>Food Act</i> 2006, the <i>Food Act</i> 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. <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach details		
DESCRIPTION OF BUSINESS	Description of food business: (eg. café, restaurant, catering, groceries, delicatessen, etc)		
	Does your business involve any off-site catering?		<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete details of food transport vehicles below)
VEHICLE DETAILS FOR A MOBILE OR OFF-SITE CATERING FOOD BUSINESS  (If more than 2, please attach details on a separate sheet.)	Do you deliver food in a vehicle?		<input type="checkbox"/> No <input type="checkbox"/> Yes
	Do you handle or prepare food in the vehicle?		<input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, how many vehicles do you use?		<input type="checkbox"/> 1 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11+
	Vehicle details		
	Make & model:		Reg no.
Make & model:		Reg no.	

<p>COMMUNITY &amp; CHARITABLE ORGANISATIONS</p>	<p>Community and Charitable Organisations May Apply for Exemption of Fees</p> <p>Fees for licensing and registration of food businesses operated by community and charitable organisations are set at nil. Community and charitable organisations are defined as:-</p> <ol style="list-style-type: none"> <li>1. An Incorporated Association; and</li> <li>2. One which is locally managed; and</li> <li>3. Events that raise funds solely for community &amp; charitable causes and not for personal financial gain.</li> </ol> <p>Do you wish to apply for exemption of fees on the grounds of being a community or charitable organisation:      <input type="checkbox"/> No      <input type="checkbox"/> Yes – You must provide proof of Not For Profit status.</p>																		
<p>Complete if constructing a NEW PREMISES</p>	<p>Current approval details <i>Please insert your approval number for each approval type issued by Local Government.</i></p> <table border="1"> <thead> <tr> <th colspan="3">Approval Type</th> </tr> <tr> <th>Building approval</th> <th>Approval No.</th> <th>Office Use Only</th> </tr> </thead> <tbody> <tr> <td>Plumbing &amp; drainage approval</td> <td></td> <td></td> </tr> <tr> <td>Development approval</td> <td></td> <td></td> </tr> <tr> <td>Trade waste approval</td> <td></td> <td></td> </tr> <tr> <td>Other – please specify</td> <td></td> <td></td> </tr> </tbody> </table>	Approval Type			Building approval	Approval No.	Office Use Only	Plumbing & drainage approval			Development approval			Trade waste approval			Other – please specify		
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<p>Complete only if applying for AN AMENDMENT</p>	<p>Improvements proposed or completed since last inspection. For structural changes, new walls, new counters etc you may need Building Approval.</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																		
<p>If application relates to a NEW PREMISES please attach relevant documents.</p>	<p>Attachments to accompany an application for a new premises licence.</p> <p>NOTE: You must receive plan approval for any renovations or new premises construction and this involves a separate application and fee.</p> <ol style="list-style-type: none"> <li>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.</li> <li>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 bowl, double bowl, triple bowl, hand wash 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).</li> <li>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).</li> <li>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 &amp; grease traps.</li> <li>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.</li> </ol>																		

	<p>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.</p> <p>7. Full explanation of selected box/es in the Suitability of person to hold a licence section. In particular, the level of food hygiene training undertaken or proposed by the applicant and staff.</p> <p>8. Please return forms to Environmental Health Services, Hinchinbrook Shire Council, 25 Lannercost Street or PO Box 366, Ingham QLD 4850. This application/renewal form and the appropriate fee MUST be lodged with Council.</p>
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<p>S54(1) <i>Food Act 2006</i> FOOD SAFETY PROGRAM TO ACCOMPANY APPLICATION</p>	<p>If, under section 99 of the <i>Food Act 2006</i>, the applicant must have an accredited food safety program for the food business, this application MUST BE ACCOMPANIED by the proposed food safety program.</p>
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	<b>Office use only</b>	
	Fee	Date            /        /
	Scheduled category	File no.
	Receipt no.	Access no.
	Registration no.	Licence no.

**PRIVACY CLAUSE**

The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.