

# Application for Amendment of Food Business Licence

Food Act 2006  
Section 74



**Enquiries:** 1300 22 55 77  
**Address:** PO Box 1860  
Rockhampton Qld 4700  
**Email:** [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au)

## PRIVACY NOTICE

Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of assessing the application for continued operation of a licensable premise. The Council is authorised to do this under the *Food Act 2006*. Mobile premise information may be given to other Queensland Local Government authorities and State Government authorities to notify of existing approvals. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

## CURRENT LICENCE DETAILS (to be completed for all applications)

**Licence Number**

**Describe the Business**

**Licensee Name** (Individual, Partnership, Company)

**Contact Phone**

**Postal Address**

**Premise Location**

**Description of Mobile Premise**

Car / Van / Trailer / Caravan / Other: \_\_\_\_\_

**Make**

**Model**

**Registration No.**

**Name of Registered Vehicle Owner**

**Phone No.**

## TYPE OF AMENDMENT

- Change to Licensee - *Complete Section A*
- Change to Food Safety Supervisor – *Complete Section B*
- Change to Food Business Details (excluding relocation of premise) – *Complete Section C*
- Relocation of Premise – *Complete Section C and D*
- Minor Fit Out and/or Change to Food Preparation Area < 20% – *Complete Section C and D*
- Major Fit Out and/or Change to Food Preparation Area > 20% – *Complete Section C and D*

\*Please see page 5 for payment options.

<b>OFFICE USE ONLY</b>	Date Received:	Licence No:	
	Customer Service Officer:	Amendment Fee: \$	GST Exempt

The *Food Act 2006* provides thirty (30) days for a decision to be made from the date of a properly made application or date Council receives the requested further information. The thirty days may be extended.

No work should be undertaken prior to the receipt of a letter of conditional licence. Ensure that approvals from Town Planning and Building Services (if required) are obtained prior to construction.

## A. CHANGE TO LICENSEE

### PROPOSED LICENSEE DETAILS

**Applicant's Name** (*Individual, Partnership, Company*)

**Contact Phone**

**Postal Address**

**Manager Name**

**Phone No.**

### DECLARATION

For corporations and incorporated associations this includes an executive officer of the corporation or a member of the association's executive committee.

**Please tick (✓) boxes where relevant.**

- |   | <b>No</b>                | <b>Yes</b>               |
|---|--------------------------|--------------------------|
| a) Have any of the licensees been convicted of a relevant offence, other than a spent conviction?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have any of the licensees previously held a licence under the <i>Food Act 2006</i> , <i>Food Act 1981</i> or a corresponding law that was cancelled, suspended or refused? | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have ticked Yes in one or more of the boxes above, please provide information detailing why this is the case and attach it to this application.** Information Attached

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

**Name** (*Individual or Organisation*)

**Position** (*Proprietor, Director, Manager*)

**Signature**

Date: / /

### CURRENT LICENSEE CONSENT TO TRANSFER

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

**Name** (*Individual or Organisation*)

**Position** (*Proprietor, Director, Manager*)

**Signature**

Date: / /

## B. CHANGE TO FOOD SAFETY SUPERVISOR

### PROPOSED FOOD SAFETY SUPERVISOR DETAILS

Food Safety Supervisor Name(s)

Contact Phone

Postal Address

**IMPORTANT** – Attach a copy of the statement of attainment for the Food Safety Supervisor qualification.

### LICENSEE CONSENT

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

**Name** (*Individual or Organisation*)

**Position** (*Proprietor, Director, Manager*)

**Signature**

Date: / /

## C. CHANGE TO FOOD BUSINESS DETAILS

### PROPOSED CHANGES TO FOOD BUSINESS DETAILS

Trading Name

Describe the Business

Does your business provide off-site catering?  Yes\*  No

If Yes, attach details of food transportation vehicles including make, model and registration.

**Description of Food Transport Vehicles**

Car / Van / Trailer / Caravan / Other: \_\_\_\_\_

**Make**

**Model**

**Registration No.**

**Name of Registered Vehicle Owner**

**Phone No.**

### LICENSEE CONSENT

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

**Name** (*Individual or Organisation*)

**Position** (*Proprietor, Director, Manager*)

**Signature**

Date: / /

## D. CHANGE TO PREMISE LOCATION

### NEW LOCATION DETAILS

#### Location of Fixed Premise

Shop Number, House Number, Street, Suburb

#### Lot(s) & Plan No. (RP, SP etc)

#### Provide details of current approval numbers for:

Building Approval
<input type="text"/>

Plumbing & Drainage Approval
<input type="text"/>

Development Approval
<input type="text"/>

Trade Waste Approval
<input type="text"/>

#### Detail any other approval(s)

### CHECKLIST

- Recall system details if the business is a wholesaler, supplier, manufacturer or importer
- Food Menu
- List of Potentially Hazardous Ingredients
- Details on the materials used in the design and construction of the premises / vehicle
- 2 copies of each of the following plans:
  - Site Plan
  - Floor Plan
  - Sectional Elevation Plan
  - Hydraulic Plan
  - Mechanical Exhaust Ventilation Plan
  - Transport Vehicle
  - Premise Layout detailing:
    - 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 finishes
    - Details of all surface joining methods

#### Plans must be to scale and comply with Food Safety Standards 3.2.3

- A copy of the accredited Food Safety Program
- Completed and signed form with prescribed fee

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

**Name** (Individual or Organisation)

**Position** (Proprietor, Director, Manager)

**Signature**

Date: / /

## PAYMENT OPTIONS



MAIL – Complete and sign the form and make your cheque/money order payable to 'Rockhampton Regional Council' and mail to PO Box 1860, Rockhampton QLD 4700.



IN PERSON – You can pay the account at Council's Customer Service Centre:  
232 Bolsover Street, Rockhampton;  
32 Hall Street, Mount Morgan;  
1 Ranger Street, Gracemere;  
70 Anzac Parade, Yeppoon.



TELEPHONE – Call 1300 22 55 77 (or from outside Australia call +61294235551) any time to pay with MasterCard or Visa. Please quote the Licence Number shown on the front of this notice. Payment will only be taken if completed documentation has been forwarded to Council.

### For More Information



PO Box 1860, Rockhampton Q 4700

**Phone** 1300 22 55 77

**Fax** 1300 22 55 79

**Email** [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au)

**Web** [www.rockhamptonregion.qld.gov.au](http://www.rockhamptonregion.qld.gov.au)