

Office:
Date:/...../.....
Time:
Name:

FOOD LICENSEE AND FOOD DESIGN AMENDMENT APPLICATION (Food Act 2006 S72)

Gladstone Regional Council is collecting your personal information to process your Food Design Amendment Application. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission or we are required by law.

NOTE: Your application will not be accepted and processed without the form being completed, applicable fee paid and all required documentation attached

In accordance with the *Food Act 2006*, a local government must assess and decide to approve or refuse a food licence application within 30 Days after its receipt unless further information is requested. If a decision is not made (i.e. business not yet constructed), the application is automatically deemed as refused. However, the due date for a decision can be extended upon mutual agreement. Please indicate below details of the proposed date of commencement of your food business.

WHAT ARE YOU APPLYING FOR?	<input type="checkbox"/> Food Licensee Amendment NOTE: This relates to TRANSFER OF LICENCE only Complete Business and Operation Details & Part A <input type="checkbox"/> Food Design Amendment NOTE: This relates to DESIGN STRUCTURE AMENDMENTS OR CHANGES TO A CURRENT FOOD BUSINESS OPERATIONS only Complete Business and Operation Details & Part B
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BUSINESS AND OPERATION DETAILS

COMMENCEMENT DATE	Date: _____ You must advise Council if dates are to change. <input type="checkbox"/> Tick to confirm this date is the agreed date for a decision on this food application (in accordance with s 62(3)).
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BUSINESS DETAILS	Existing Food Licence Number	FOOD-		
	Trading Name			
	Street Address			
	Operating Hours (ie. Mon-Fri 8am to 5pm)			
	Business Contact Details	Phone		
		Email		
		Fax		
	Contact Person Details	Name		
		Position		
Mobile No.				

FOOD SAFETY SUPERVISOR You are required to provide Council details of your food safety supervisor(s) within thirty (30) days of receiving your licence and provide a copy of the relevant qualifications.	Name		
	Position		
	Contact No.		
	Skills and Experience		

LICENSEE DETAILS	Who is applying for the Food Business Licence? (Please tick one box): <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/s NOTE: This person will hold responsibility for compliance with the Food Act and Food Standards Code, an applicant other than an operator will be required to demonstrate their suitability to be an applicant under Section 52-59 of the Food Act 2006	
	CORPORATION DETAILS Name of Corporation: _____ NOTE: Cannot be a Trust or Business Name ABN: _____ ACN: _____ Corporation Email: _____ Contact Person: _____ Position: _____ Phone No.: _____ A Business Name and Trustee is not a legal entity and cannot hold a licence.	
INDIVIDUAL DETAILS	Name of Individual 1: _____	
	Phone No.: _____	
	Email: _____	
	Name of Individual 2: _____	
	Phone No.: _____	
	Email: _____	
Please note that all correspondence will be sent to this address	Postal Address: _____	
LIABILITY If you answer yes to any of the following questions, please attach details	Have any applicants been convicted for a breach of any food legislation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Have any 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	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? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	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.	
PART A - FOOD LICENSEE TRANSFER ONLY		
PREVIOUS LICENSEE DETAILS	Previous Trading Name: _____	
	Previous Licensee Name: _____	
	Phone No.: _____	
	Signature	Signature
	Name	Name
	Date:	Date:
	<input type="checkbox"/> I/We hereby declare the information I/we have provided is true and correct.	
	<input type="checkbox"/> By signing this form, you are agreeing that you are no longer responsible for the ownership/operation of the business listed in the application form and agree to relinquish all rights and responsibilities in relation to this business activity to the applicant listed on this application form.	
NEW LICENSEE DECLARATION	Signature	Signature

The New Licensee Applicants must sign.	Name	Name
	Date:	Date:
	<input type="checkbox"/> In making this application, I confirm that the information I have provided is true and correct.	
	<input type="checkbox"/> I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I have provided all information as requested.	
<input type="checkbox"/> I understand that information supplied on or with this application form may be disclosed publicly in accordance with the <i>Right to Information Act 2009</i> and the <i>Evidence Act 1977</i> .		
PART B - FOOD DESIGN AMENDMENT ONLY		
PROPOSED CHANGES		
Specify nature of Amendment		
NOTE: Please only complete sections below that are relevant to the design amendment		
MATERIALS AND FINISHES Include additional information attached if needed.	Construction Materials	
	Ceiling	
	Lighting	
	Walls	
	Flooring	
	Benches/Counters	
	Washing Facilities (Equipment and handwashing facilities MUST be provided)	
	Washing Equipment	
	Hand Washing Facilities (Soap, Drying Method)	
	Designated mop sink (style, location, material)	
	Water Supply	
	Waste Water Disposal (How, Where)	
	Staff toilets provided (where, how many)	

MATERIALS AND FINISHES Include additional information attached if needed.	Waste Storage and Removal	
	Name and Brand of Food Grade Sanitiser	
	Cooking Facilities	
	Utensils (Type and Material)	
	Cooking Equipment	
	Name and Brand of Temperature Probe	
FOODS HANDLED This information will assist in the processing of your application. Please tick all applicable boxes	<input type="checkbox"/> Fish / Seafood Products <input type="checkbox"/> Chilled / Frozen Products <input type="checkbox"/> Bakery Products <input type="checkbox"/> Sandwiches <input type="checkbox"/> Alcohol <input type="checkbox"/> Raw Meats / Frozen Meat / Poultry <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Meat Pies	<input type="checkbox"/> Vegetables / Fruit <input type="checkbox"/> Ice <input type="checkbox"/> Confectionery <input type="checkbox"/> Eggs <input type="checkbox"/> Rice / Pasta <input type="checkbox"/> Cooked Meats <input type="checkbox"/> Milk / Ice-cream / Yoghurt / Cheese <input type="checkbox"/> Private Water
CATERING	Are catering operations part of the food business? <input type="checkbox"/> No <input type="checkbox"/> Yes (please note that you may require an accredited Food Safety Program to operate)	
VEHICLES If more vehicles are to be recorded, please attach additional sheet with make, model & registration no. to application.	Do you handle or prepare food in a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you identify as a mobile food vehicle or water carrier? <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+	
	Make & Model:	Rego No:
	Make & Model:	Rego No:
DECLARATION All Applicants must sign.	Signature	Signature
	Name	Name
	Date:	Date:

	<input type="checkbox"/> In making this application, I confirm that the information I have provided is true and correct. <input type="checkbox"/> I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I have provided all information as requested. <input type="checkbox"/> I understand that information supplied on or with this application form may be disclosed publicly in accordance with the <i>Right to Information Act 2009</i> and the <i>Evidence Act 1977</i> .
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PLANS, APPROVALS & CHECKLIST <p>Plans are required for any new premises where the activity has not been previously approved or where any significant alterations are proposed. Plans are not required for a licence amendment not involving structural alterations.</p> <p>Please tick the information provided by you as part of this application form</p>	<input type="checkbox"/> A copy of all plans – maximum A3 in size <input type="checkbox"/> Clearly legible <input type="checkbox"/> Drawn to scale with scale clearly marked, generally 1:100 or 1:200, with elevations and details not more than 1:50 <input type="checkbox"/> Site plan showing location of site in relationship to surrounding land uses <input type="checkbox"/> Floor plan showing all equipment, fittings and fixtures with details on materials used <input type="checkbox"/> Sectional elevations of all benches, equipment and fixtures <input type="checkbox"/> Mechanical exhaust ventilation plans <input type="checkbox"/> Technical reports and other information such as brochures or photos can be attached as necessary to accompany plans <input type="checkbox"/> Payment enclosed <input type="checkbox"/> Application form signed and completed by all parties involved. <input type="checkbox"/> Any supporting information attached.
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Approval Type	Approval No.	Office Use Only
Building approval		
Plumbing & drainage approval		
Development approval		
Trade waste approval		
Other - please specify		

OFFICE USE - Receipt to Licence Number			
Date:	Receipt No:	Cashier Initials:	Scanned to RMU: <input type="checkbox"/> Yes <input type="checkbox"/> No

PAYMENT OPTIONS Only to be completed if NOT paying at a Council Office in person

You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.

CREDIT CARD → Visa Master Card AMEX Please tick if a receipt is required: Yes No

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Name on Card: _____

POST → Cheque/Money Order payable to: Gladstone Regional Council, PO BOX 29, GLADSTONE DC QLD 4680



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 Visit: www.gladstone.imalert.com.au