

Office:

Date:/...../.....

Time:

Name:

FOOD BUSINESS LICENCE APPLICATION (*Food Act 2006 S72*)

NOTE: This application is only for NEW FOOD DESIGNS

Gladstone Regional Council is collecting your personal information to process your Food 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.

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)).																								
FOOD BUSINESS CATEGORY Please tick one to relates to your establishment /application	<input type="checkbox"/> Fixed Food Premises (e.g. Café, takeaway/snack bar, restaurant) <input type="checkbox"/> Mobile Food Vehicle or Water Carrier <input type="checkbox"/> Temporary Food Stall (stalls at fairs, markets and other events) <input type="checkbox"/> A REGISTERED Not for Profit Organisation Is the Not for Profit event being conducted more than 12 times per year? <input type="checkbox"/> No - application is not required <input type="checkbox"/> Yes - complete the application																								
BUSINESS DETAILS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Trading Name</td> <td colspan="2"></td> </tr> <tr> <td>Street Address</td> <td colspan="2"></td> </tr> <tr> <td>Operating Hours (i.e. Mon-Fri 8am to 5pm)</td> <td colspan="2"></td> </tr> <tr> <td rowspan="3">Business Contact Details</td> <td style="width: 20%;">Phone</td> <td></td> </tr> <tr> <td>Email</td> <td></td> </tr> <tr> <td>Fax</td> <td></td> </tr> <tr> <td rowspan="3">Contact Person Details</td> <td>Name</td> <td></td> </tr> <tr> <td>Position</td> <td></td> </tr> <tr> <td>Mobile No.</td> <td></td> </tr> </table>		Trading Name			Street Address			Operating Hours (i.e. Mon-Fri 8am to 5pm)			Business Contact Details	Phone		Email		Fax		Contact Person Details	Name		Position		Mobile No.	
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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 A Business Name and Trustee is not a legal entity, and cannot hold a licence.	Name of Corporation	
	NOTE: Cannot be a Trust or Business Name	
	ABN	ACN
	Corporation Email	
	Contact Person	
	Position	
	Phone No.	
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.	
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	
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"/> 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 / Ice-cream / Yoghurt / Cheese
	<input type="checkbox"/> Meat Pies	<input type="checkbox"/> Private Water

<p>FOOD STALLS</p> <p>Only complete if you are conducting food stalls at markets, private functions, etc.</p> <p>Please note that you may require a COA if you are conducting a business outside of an Event on Council land.</p>	Are you going to be conducting a Temporary Food Stall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, where is the food prepared: <input type="checkbox"/> Licenced Premises <input type="checkbox"/> Onsite at stall		
	If Licenced Premise:	Trading Name:	
		Address:	
	How is food transported to the event?	Temperature Control (i.e. eskies with ice, Bain Marie)	Protection from Contamination (i.e. plastic wrapping, enclosed container)
CATERING	<p>Are catering operations part of the food business?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please note that you may require an accredited Food Safety Program to operate)		
<p>VEHICLES</p> <p>If more vehicles are to be recorded, please attach additional sheet with make, model & registration no. to application.</p>	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:	
	Make & Model:	Rego No:	
	Make & Model:	Rego No:	
<p>MATERIALS AND FINISHES</p> <p>Include additional information attached if needed.</p>	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)	
MATERIALS AND FINISHES Include additional information attached if needed.	Water Supply	
	Waste Water Disposal (How, Where)	
	Staff toilets provided (where, how many)	
	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	
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> .	

PLANS, APPROVALS & CHECKLIST

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.

Please tick the information provided by you as part of this application form

- A copy of all plans – maximum A3 in size
- Clearly legible
- Drawn to scale with scale clearly marked, generally 1:100 or 1:200, with elevations and details not more than 1:50
- Site plan showing location of site in relationship to surrounding land uses
- Floor plan showing all equipment, fittings and fixtures with details on materials used
- Sectional elevations of all benches, equipment and fixtures
- Mechanical exhaust ventilation plans
- Technical reports and other information such as brochures or photos can be attached as necessary to accompany plans
- Payment enclosed
- Application form signed and completed by all parties involved.
- Any supporting information attached.

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
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PAYMENT OPTIONS

- 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:** To Pay via Credit Card – please tick this box and Customer Solutions will call for payment over the phone – prior to processing the application.
- ONLINE:** You can submit an application online. This form will no longer be required.
- POST:** Cheque/Money Order payable to: Gladstone Regional Council, PO BOX 29, GLADSTONE DC QLD 4680



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