## **Food Business Licence Amendment Form**

**Privacy Notice:** Council is collecting the personal information you supply on this form for the purpose of processing your application. Council is authorised to do this under section 85 of the *Food Act 2006*. Some information may be given to the State Government authority responsible for administering the *Food Act 2006*. Council deals with your personal information in accordance with law, including the *Information Privacy Act 2009*.



This form is to be used when applying for an amendment to a food business licence for a food business carried on by the applicant. The application must be submitted with the relevant fee and current food business licence.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Current Licence Details						
Licensee name: (if partnership or company)			Licence number:			
Licensee name: (if individual)						
First		Middle			Last	
Premises type: ☐ Fixed premises ☐ Mobile pre	emises $\square$	Temporary premi	ises			
Vehicle registration number: (if applicable)						
Trading name:						
Preferred contact number:		mail:				
Preferred delivery method: ☐ Email ☐ Post	☐ Collect	– Rockhampton,	Gracem	nere, Mount	Morgan	
Email is the standard form of delivery except for approvals. If this	method is unsu	itable, please select a	an alternat	tive.		
Premises Address						
Street number and name:						
Suburb:		State:			Postcode:	
Change to Current Licensee Details (this is not required if only the licensees postal address is changing)						
New Residential Address of Licensee						
Street number and name:						
Suburb:		State:		Postcode:		
New postal address of licensee:						
Preferred contact number: Email:		Email:				
Proposed Licensee Details (complete if propo	osed new licens	ee)				
Proposed licensee name: (if partnership or company)		ABN:				
Proposed licensee name: (if individual)						
First		Middle			Last	
Proposed trading name:						
Preferred contact number: Email:						
Preferred delivery method:   Email Post Collect – Rockhampton, Gracemere, Mount Morgan						
Email is the standard form of delivery except for approvals. If this method is unsuitable, please select an alternative.						
ONLY	CSO:			Information checked: Y / N		

Residential Address (if individual)				
Street number and name:				
Suburb:	State:	Postcode:		
Postal address (if different):				
New Company Details				
Registered Office Address (if corporation or incorporate association)				
Street number and name:				
Suburb:	State:	Postcode:		
Postal address:				
Corporation director name/s of members of the management of	ommittee:			
Contact number:				
Preferred contact number:	Email:			
Description of proposed business:   Caterer   Bakery	☐ Takeaway ☐ Cafe ☐ Res	staurant 🔲 Hospital		
☐ Other (please specify):				
Food Safety Supervisor Details				
If the details of the food safety supervisor/s are unknown at the time of application, please do not complete this section. This will not affect the processing of your application. However, you must provide the contact details of the food safety supervisor/s and a copy of the Statement of Attainment for the relevant qualification within 30 days of receiving the food business licence.				
Food Safety Supervisor One				
Food safety supervisor name:				
First	Middle	Last		
Postal address:				
Preferred contact number:	Email:			
Food Safety Supervisor Two				
Food safety supervisor name:				
First	Middle	Last		
Postal address:				
Preferred contact number:	Email:			

Change to Premises Details (complete if changing fixtures, fittings or equipment in the food premises)					
Fit out and/or change to food preparation area:   Minor (<20	%) □ Major (>20	0%)			
Please provide a brief description of the proposed changes:					
Do you have current approvals? ☐ Yes ☐ No					
Trade waste approval number:	Plumbing and drains	age approval num	nber:		
Does your business provide offsite catering?   Yes – please complete details for Relocation to New Mobile  Premises below.					
Relocation of Fixed Premises (complete if new fixed premises)	nises proposed)				
Street number and name:					
Suburb:	State:		Postcode:		
Lot number: Plan number:		Floor area (m²):	):		
Do you have current approvals? ☐ Yes ☐ No					
Development approval number:	Trade waste approval number:				
Building approval number:	Plumbing and drainage approval number:				
Does your business provide offsite catering?   Yes – please complete details for Relocation to New Mobile  No Premises below.					
Relocation to New Mobile Premises (complete if new	mobile premises propose	ed)			
Address where mobile premises can be inspected:					
Floor area (m²):	Vehicle registration number:				
Registered vehicle owner:					
Vehicle type: ☐ Car ☐ Van ☐ Trailer ☐ Carava	n 🗌 Other (please	e specify):			
Vehicle make:	Vehicle model:				
Proposed or New Licensee Suitability (if selected	yes' for one or more boxe	s, please submit detai	ils with your application)		
(a) Has the applicant, executive officer, or any other member convicted of a relevant offence other than a spent conviction		committee been	☐ Yes ☐ No		
(b) Has the applicant, executive officer, or any member of the management committee previously ☐ Yes ☐ No held a licence under the <i>Food Act 2006</i> , <i>Food Act 1981</i> or a corresponding law that was cancelled or suspended?					
(c) Has the applicant, executive officer, or any member of the malicence under the Food Act 2006. Food Act 1981 or a corr		ee been refused	☐ Yes ☐ No		

Supporting Documentation		
Please remember to provide the following supp	porting documentation when submitting t	this form:
Change to Licensee Details		
$\square$ Current food business licence (original copy	y) (mandatory).	
$\hfill\Box$ Statement of Attainment for the food safety	supervisor/s qualification.	
Minor/Major Fit Out or Change to Food Prep Premises	paration Area / Relocation of Fixed Pr	emises / Relocation to New Mobile
<ul> <li>☐ Current food business licence (original copy</li> <li>☐ Recall system details (if the business is a wholes)</li> <li>☐ Detailed food menu.</li> <li>☐ List of potentially hazardous ingredients.</li> <li>☐ Details on the materials used in the design in</li></ul>	saler, supplier, manufacturer or importer).	Э.
<ul> <li>☐ Two copies of each plan, drawn to scale, ar and Equipment:</li> <li>☐ Site plan</li> <li>☐ Floor plan</li> <li>☐ Sectional elevation plans</li> <li>☐ Hydraulic plan</li> <li>☐ Mechanical exhaust ventilation plan</li> <li>☐ Transport vehicle</li> </ul>	nd complying with the <u>Food Standards C</u>	ode – Standard 3.2.3 – Food Premises
<ul> <li>□ Premises layout detailing:</li> <li>□ Details, position and size of all plumbing</li> <li>□ Details, position and size of food prepara</li> <li>□ Details, position and size of exhaust can</li> <li>□ Details of all surface finishes (floors, walls,</li> <li>□ Details of all surface joining methods</li> <li>□ Details, position and specifications of all</li> </ul>	ation benches nopies ceilings and bench surfaces)	
Declaration (proposed licensee to complete)		
I submit this Food Business Licence Amendme	ent Form with supporting documentation	as required.
Applicant name:	Applicant signature:	Date:
Signatory name: (if partnership or company)	Signatory position: (if partnership or company)	
Declaration (current licensee to complete)		
I submit this Food Business Licence Amendme	ent Form with the relevant fee and suppo	orting documentation as required.
Applicant name:	Applicant signature:	Date:
Signatory name: (if partnership or company)	Signatory position: (if partnership or company)	
Fees and Charges		
For a full list of fees and charges please refer t	o Council's <u>Fees and Charges Schedule</u>	<u>∍</u> .
Payment Information		
<ul><li>In person   You can pay at Council's Custom Morgan; 1 Ranger Street, Gracemere.</li><li>By phone   Customer Service staff will contact</li><li>By post   Make your cheques/money order</li></ul>	t you regarding payment via credit card o	or debit once this form is received.
Rockhampton, Queensland, 4700.	. pagasio to modulampion mogional	Council and cond to 10 box 1000,