Food Business Licence Application Form

Privacy Notice: Council is collecting personal information you supply on this form for the purpose of processing your application. Council is authorised to collect this personal information 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 a food business licence with or without an accredited food safety program for a business carried on by the applicant. The application must be submitted with the relevant fee, food safety program and written advice from a food safety auditor (if applicable) and business details.

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

Applicant Details						
Applicant name: (if partnership or company)			ABN:			
Applicant nan	ne:					
	First	1	Middle		Last	
Preferred con	tact number:	E	mail:			
Preferred delivery method: Email Post Collect – Rockhampton, Gracemere, Mount Morgan						
	dard form of delivery except for approvals/certif	icates and returne	d applications. If this me	ethod is unsuitable, pi	lease select an alternative.	
Residential A	Address (if individual)					
Street numbe	r and name:					
Suburb:			State:		Postcode:	
Postal addres	SS (if different):					
Company Details						
Registered C	Office Address (if corporation or incorporate	e association)				
Street numbe	r and name:					
Suburb: State: Postcode:				Postcode:		
Postal addres	ss:					
Corporation d	irector name/s of members of the ma	nagement com	mittee:			
Contact name:						
Preferred contact number: Email:						
OFFICE USE	Date:	CSO:		Information ch	necked: Y / N	
OFFICE USE ONLY	Amazint	Descipt number		Application of	Application number	

Premises Details						
Premises type: ☐ Fixed premises ☐ Mobile premises ☐ Temporary premises						
Trading name:						
Description of proposed business: C	aterer Bakery	□ Takeaway	☐ Cafe ☐ Res	taurant 🗌 Hospital		
	ther (please specify):					
Manager/s name:						
Manager/s contact number:	ı	Email:				
Fixed Premises						
Street number and name:						
Suburb:		State:		Postcode:		
Lot number:	Plan number:	Floor area (m²):				
Do you have current approvals?	s 🗆 No					
Development approval number:		Trade waste approval number:				
Building approval number:		Plumbing and drainage approval number:				
Does your business provide offsite caterir	ıg? □ Yes – please	complete details fo	r Mobile Premises	below. \square No		
Mobile Premises						
Address where mobile premises can be in	spected:					
Floor area (m²):	ehicle registration number:					
Registered vehicle owner:						
Vehicle type: ☐ Car ☐ Van ☐ Trailer ☐ Caravan ☐ Other (please specify):						
Vehicle make: Vehicle model:						
Temporary Premises (please attach list of location and dates if more than one location)						
Street number and name:						
Suburb:	State:		Postcode:			
Premises type: ☐ Tent ☐ Marque ☐ Stall ☐ Other (please specify):						
Floor area (m²):						
Short Term Event						
Is this licence for a short term event? ☐ Yes – please complete below details. ☐ No						
Event name:	Event address:					
Event location:	Event date/s:					

Fc	ood Safety Program			
Foo	der the <i>Food Act 2006</i> , certain licensable food businessed businesses require an accredited food safety program if the premises stated in the licence or part thereof; operate 99; or produce potentially hazardous food for vulnerable p	they provide offsite catering; onsite cate as part of a private hospital under the <i>F</i>	ering as the p Private Health	rimary activity Facilities Act
wh vis	ckhampton Regional Council requires the applicant to ob ether the food safety program meets the criteria for food sa it the Queensland Health website https://www.qld.govditors ditors for a list of approved food safety auditors.	afety programs set out in section 104 of	the <i>Food Act</i>	2006. Please
Are	e you required to submit a food safety program?	s 🗆 No		
Fo	od safety auditor's name:			
Ple	ase identify the relevant business type:			
	Offsite catering $\ \square$ Onsite catering $\ \square$ Child care centr	re \square Aged care facility \square Private	hospital	
	Other (please specify):			
Fc	ood Safety Supervisor			
you	e details of the food safety supervisor/s are unknown at the time of appr r application. However, you must provide the contact details of the foo lification within 30 days of receiving the food business licence.			
Fo	od Safety Supervisor One			
Fo	od safety supervisor name:	Middle	Las	•
Pos	stal address:			
		Fanail.		
	eferred contact number:	Email:		
	od Safety Supervisor Two			
Fo	od safety supervisor name:			
	First	Middle	Las	<u> </u>
Po	stal address:			
Pre	eferred contact number:	Email:		
Αŗ	oplicant Suitability (if selected 'yes' for one or more boxes	, please submit details with your application)		
(a)	Has the applicant, executive officer, or any other member of the management committee been			□ No
(b)	Has the applicant, executive officer, or any member of the management committee previously			
(c)	Has the applicant, executive officer, or any member of the management committee been			
Sı	pporting Documentation			
Ple	ase remember to provide the following supporting docum	entation when submitting this form:		
	od Safety Program			
	Two copies of the food safety program. 'Notice of Written Advice' from an approved safety audito	-		
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Food Safety Supervisor						
☐ Statement of Attainment for the food safety	supervisor/s qualification					
Food Business Details						
☐ Recall system details (if the business is a whole.	saler, supplier, manufacturer or i	mporter).				
☐ Detailed food menu.						
$\hfill\square$ List of potentially hazardous ingredients.						
$\hfill\square$ Details on the materials used in the design	Details on the materials used in the design and construction of the premises/vehicle.					
Equipment: ☐ Site plan ☐ Floor plan	nplying with the <u>Food Star</u>	ndards Code – Standard 3.2.3 – Food Premises and				
☐ Sectional elevation plans						
☐ Hydraulic plan☐ Mechanical exhaust ventilation plan						
☐ Transport vehicle						
☐ Premises layout detailing:						
 □ Details, position and size of all plumbing □ Details, position and size of food prepar □ Details, position and size of exhaust car □ Details of all surface finishes (floors, walls, □ Details of all surface joining methods □ Details, position and specifications of all 	ration benches nopies , ceilings and bench surfaces)	ent				
Declaration						
I submit this Food Business Licence Application	on Form with the relevant	fee and supporting 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	to Council's <u>Fees and Cha</u>	arges Schedule.				
Payment Information						
Morgan; 1 Ranger Street, Gracemere.		Bolsover Street, Rockhampton; 32 Hall Street, Mount				
		via credit card or debit once this form is received.				
By post Make your cheques/money order Rockhampton, Queensland, 4700.	r payable to 'Rockhamp	oton Regional Council' and send to PO Box 1860,				