Application for Food Business Licence

Use this form to apply for a licence to operate a Food Business. This form is in

keeping with *Food Act 2006.* Contact Council if you have any specific enquiries regarding fees or how to complete this form. Fees are GST exempt unless otherwise stated. Type or print clearly and select boxes where applicable. Enter “n/a” if the question does not apply.

|  |
| --- |
| **Applicant Details for Business** |
|  |
| **Company Name** |  | **ACN / ARBN** |
|       |  |       |
|  |
| **Postal Address** |
|       |
|  |
| **Telephone Number** |  | **Email Address** |
|       |  |       |
|  |
| **Name of Contact**  |  | **Position of Contact** |
|       |  |       |

|  |
| --- |
| **Applicant Details for Private** |
|  |
| **Surname of Applicant (1)** |  | **Given Name** |  | **Title** |
|       |  |       |  |       |
|  |
| **Surname of Applicant (2)** |  | **Given Name** |  | **Title** |
|       |  |       |  |       |
|  |
| **Postal Address** |
|       |
|  |
| **Telephone Number** |  | **Email Address** |
|       |  |       |

|  |
| --- |
| **Business Details** |
|  |
| **Business Name** (must be registered with Fair Trading) |  | **ABN** |
|       |  |       |
|  |
| **Physical Address** (if vehicle or stall, advise exact location) |
|       |
|  |
| **Lot Number** |  | **Registered Plan Number** |  | **Parish** |  | **Does your business involve any off-site catering** |
|       |  |       |  |       |  | [ ]  Yes [ ]  No |
|  |
| **Description of food business** (e.g. cafe, restaurant, cannery etc) |
|       |

|  |
| --- |
| **Suitability of person to hold a licence** |
|  |
| **Skills and knowledge of applicants to sell safe and suitable food** |
|       |
|  |
| **Have any of the applicants been convicted for a breach of any food legislation?** 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.  |
| [ ]  Yes (please attach details) [ ]  No |
|  |
| **Have any of the applicants previously held a licence under the Food Act 2006, the Food Act 1981 or a corresponding law that was suspended or cancelled?** 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. |
| [ ]  Yes (please attach details) [ ]  No |
|  |
| **Have any of the applicants been refused a licence under the Food Act 2006, the Food Act 1981 or a corresponding law?** 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. |
| [ ]  Yes (please attach details) [ ]  No |

|  |
| --- |
| **Nomination of food safety supervisor** |
|  |
| **Note: If you do not know the details of your food safety supervisor(s) at this time, do not complete this section. This will not affect the decision made on your application. However, you are required to provide the local government details of your food safety supervisor(s) within thirty (30) days of receiving your licence.** |
| **Surname** |  | **Given Name** |  | **Title** |
|       |  |       |  |       |
|  |
| **Postal Address** |
|       |
|  |
| **Business Hours Telephone Number** |  | **Fax Number or Email Address** |
|       |  |       |

|  |
| --- |
| **Owner’s Consent** |
| **This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.** |
|  |
| **Do you own the subject land upon which the Business for the Food Business Licence operates?**  |  | [ ]  Yes [ ]  No |
| **If no, do you have a lease over the Premises? Do you own the subject land upon which the Business for the Food Business Licence operates?** *If no, Owner’s Consent is required with the renewal application* |  | [ ]  No [ ]  Yes, expiry date:       |
|  |
| **Surname / Company Name** |  | **Given Name** |  | **Title** |
|       |  |       |  |       |
|  |
| **Postal Address** |
|       |
|  |
| **Contact Number** |  | **Email Address** |
|       |  |       |
|  |
| I being the owner/company director of the property described in this application hereby consent to the afore mentioned applicant/s making this application. |
|  |
| **Signature** |  | **Date** |
|  |  |       |

|  |
| --- |
| **Attachments** |
|  |
| This application and fee must be lodged with your Council with the following attachments.This section allows you to attach files to your application form if you are submitting it on line. Please note, you can only attach one file for each "attach" button. If you attempt to attach more than one file per "attach" button, the previous one will be overwritten.[ ]  Two (2) copies of a Site Plan, drawn to scale of not less than 1:100, showing the food premises location, waste storage, car parking, staff and public toilet facilities and adjacent land uses.[ ]  Two (2) copies of a Floor Plan, drawn to scale of not less than 1:50, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises).[ ]  Sink details should be provided, including the type of sink (single bowl, double bowl, triple bowl, wash hand basin, or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finished used on equipment, fixtures, fittings, floors, walls and ceiling (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting).[ ]  Two (2) copies of a Sectional Elevation, drawn to scale of not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable).[ ]  Two (2) copies of a Hydraulic plan (plumbing and drainage plan), drawn to scale of not less than 1:50, showing the location of water and sewage pipes and connection types, tundishes and grease traps.[ ]  Two (2) copies of a Mechanical Exhaust Ventilation Plan, drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed.[ ]  Two (2) copies of a Transport Vehicle Plan, drawn to scale of not less than 1:50, showing details of the layout of all the equipment, fixtures and fittings and the types of materials used.[ ]  Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable). |

|  |
| --- |
| **Privacy Statement** |
|  |
| **Privacy Statement:** Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including *Right to Information Act 2009)* or as required by Queensland State Government. |

|  |
| --- |
| **Applicant Declaration** |
| I declare the information provided in this application to be true and correct. |
|  |
| **Applicant Signature** |  | **Date** |
|  |  |       |

|  |
| --- |
| **Application Fees for 2023 / 2024 Financial Year** |
| 4015-1000-0000 | Initial Application - new premises (including annual fee) | $ | 287.00  |
| 4015-1000-0000 | Restoration of Licence (plus renewal fee) | $ | 58.00  |
| 4015-1000-0000 | Licence Amendment - minor | $ | 87.00  |
| 4015-1000-0000 | Licence Amendment - major | $ | at cost  |
| 4015-1000-0000 | Copy or replacement of licence | $ | 11.00  |
| 4015-1000-0000 | Additional Inspection (fee per hour) | $ | 116.00  |
| 4015-1000-0000 | Accreditation of Food Safety Program | $ | 285.00  |
| 4015-1000-0000 | Environmental Health Search | $ | 171.00  |

|  |
| --- |
| **Lodgement of your application** |
|  |
| MAIL | Post to ‘PO Box 191, Barcaldine QLD 4725’Email to council@barc.qld.gov.au  |
|  |
| IN PERSON | Visit any BRC Administration Office from 8.00am to 4.30pm Monday to Friday with cash, cheque or EFTPOS | AlphaAramacBarcaldine | 43 Dryden Street 35 Gordon Street71 Ash Street  |
|  |
| PAYMENT | [ ]  Cheques or money order to be made payable to “Barcaldine Regional Council[ ]  Credit Card – Contact Council to arrange to pay (1% surcharge applies)[ ]  Cash or EFTPOS (in person only)[ ]  Direct Deposit *– paying direct to Bank account “Barcaldine Regional Council General Account” BSB 124001 Account Number 100026378. Use the Licence Number & Surname as the Reference. Email a remittance advice to* *council@barc.qld.gov.au* |

|  |  |  |
| --- | --- | --- |
| **Office Use Only** | Date received:       | Amount Paid: $       |
| Receipt No.:       | Date Paid:       |
| CSO:       | Licence No.:       |