Application for a Food Business Licence *(Food Act 2006)*

BARCALDINE REGIONAL COUNCIL

ID _____ Box _____

Use this form to apply for a Food Business Licence. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

PRIVACY NOTICE

In using this form, you are providing personal information such as name and contact details**.** This information will be used only for the purpose for which the completion of this form is intended and will only be accessed by persons who have been authorised to do so. this document will be stored according to the *Privacy Act 2009* in a secure document management system as authorised under the *s.26 of the Public Records Act 2002, The Information Privacy and Other Legislation Amendment Act 2023 (IPOLA) and updates* for the disposal of common and administrative public records created by all public authorities.

FEES & CHARGES INFORMATION – 2026 / 2027 Financial Year

RT- 250	Initial Application – new premises (including annual fee)	$ 325.00
RT- 251	Annual Renewal of Licence	$ 195.00
RT- 252	Restoration of Licence	$ 65.00
RT- 253	Licence Amendment – Minor	$ 100.00
RT- 254	Licence Amendment – Major	At Cost
RT- 255	Copy or replacement of Licence	$ 12.50
RT- 256	Additional Inspection Fee (per hour)	$ 135.00
RT- 257	Accreditation of Food Safety Program	$ 325.00
RT- 258	Environmental Heath Search	$ 195.00

Application Fee - this fee applies to the lodgement and assessment of the Application and one inspection* prior to opening (Final Inspection)
Annual Licence and Inspection Fee - this fee applies to the issuing of a licence/approval for the stated term and all routine inspections* to be undertaken during the period for which the licence/approval is valid.

**Please note: any additional follow-up inspections to verify compliance may incur an additional inspection fee.*

Please refer to the Fees and Charges Schedule in place at the time of making this Application for fee amounts. The Fees and Charges Schedule for the current financial year can be accessed on Council's website.

DEFINITIONS

AMENDMENT: is for an administrative amendment to a licence only and may include the addition or removal of a licensee or a change in the business trading name. A new certificate will be issued upon approval of an amendment application that reflects the required changes.

ALTERATION: is for minor or major alterations to an existing approved premises and may include the installation of an additional hand wash basin or an extension to an existing kitchen facility. Council's Environmental Health Section will determine whether the proposed alterations are minor or major in nature. Council approval of an alteration application is required prior to works being undertaken.
Note: The complete removal and replacement of an existing facility will require a New Food Business Licence Application for the construction and fit-out of a new premises.

Section 1: APPLICATION TYPE	***Office use only – FBL Application No:***	
Licence of New Food Business (complete all sections)	☐ Yes ☐ No	
New Licence *(existing food business) (complete all sections)*	☐ Yes ☐ No	
Mobile Food Vehicle Licence	☐ Yes ☐ No	
New Licence for a Home-based Kitchen Facility	☐ Yes ☐ No	
Amendment of Licence Details *Complete Sections 2, 3, 4, 9, 20 and 21*	☐ Yes Existing Licence Number:	
Alterations/Re-fit of Existing Food Business *Complete Sections 2, 3, 11 to 21*	☐ Yes Existing Licence Number:	
Annual Renewal of Licence *Complete Sections 2, 3, 6, 7, 8, 9 and 21; and if a Mobile Food Vehicle also section 5*	☐ Yes Existing Licence Number:	
Cancellation of Licence *Complete Sections 2, 3 and 21*	☐ Yes Licence Number:	

Section 2: APPLICANT DETAILS

- The applicant is to be the OWNER of the business. Trust funds are not acceptable (refer Section 53 of the *Food Act 2006*).
- Complete *EITHER the Individual Applicant/s Section or the Registered Entity Section only*.
- *If a Company, insert Company Name and ACN.*

COMPLETE FOR INDIVIDUAL APPLICANT/S ONLY			
APPLICANT ONE			
Title:	☐ Mr ☐ Mrs ☐ Ms ☐ Other:		
Surname:			
Given Name/s:			
Email:		**Contact No.:**	
APPLICANT TWO			
Title:	☐ Mr ☐ Mrs ☐ Ms ☐ Other:		
Surname:			
Given Name/s:			
Email:		**Contact No.:**	
COMPLETE FOR REGISTERED ENTITY/COMPANY ONLY			
Company Name:			
Director/s Name/s:			
ACN:		**ABN:**	

Section 3: BUSINESS DETAILS

Business name relates to the Trading Name of the business and will appear on the Licence certificate.

Business Trading Name:	
Location Address:	
Postal Address: *If different to above*	
Business Phone:	
Business Email:	
On-site Contact Person:	
Is the on-site person a	☐ Owner/Manager ☐ Manager
Contact Person Mobile:	
Contact Person After Hours Phone:	
Contact Person Email:	

Section 4: AMENDMENT DETAILS

Complete this section only if making amendments to your existing Food Business Licence (current owners only)

Licensee Name:	
Licence Number:	
Change of Business Trading Name:	☐ Yes ☐ No
New Trading Name (if applicable):	
Removal or addition of Licensee/s:	☐ Yes ☐ No
Additional Licensee Name/s (if applicable):	
Licensee Name/s to be removed (if applicable):	
Change of Licensee from Individual to Company:	☐ Yes ☐ No

Note – Existing Individual Licensee must be a director of the registered company entity	
Company Name (if applicable):	
Director Name/s (if applicable):	
ACN (if applicable):	

Section 5: VEHICLE DETAILS

Applicable for applications for Mobile Food Business Licenses only. *A separate Mobile Food Business Licence Application is required for each vehicle in which licensable activities are to be conducted.*	
Vehicle Make:	
Vehicle Model:	
VIN:	
Registration Number:	
Other Defining Details:	

Section 6: NOMINATION OF FOOD SAFETY SUPERVISOR

- *Persons to be nominated as a Food Safety Supervisor for a food business licence must consent to this nomination.*
- *Must be provided within 30 days of a Licence being issued.*
- *Please attach a separate sheet to this form should you wish to nominate more than one Food Safety Supervisor for the business.*
- *A signed declaration must be completed by the person/s being nominated as a Food Safety Supervisor (where the person is not the licensee).*
- *The nominated Food Safety Supervisor/s must provide a certified copy of their Statement of Attainment for specified units of competency that was completed within the immediately preceding period of 5 years:* ***https://www.health.qld.gov.au/__data/assets/pdf_file/0027/813618/food-safety-supervisors.pdf***

Title:	☐ Mr ☐ Mrs ☐ Ms ☐ Other:
Surname:	
Given Name/s:	
Address:	
Contact Details (Business Hours):	
Contact Details (After Hours):	
Email:	

CONSENT

Signed declaration must be completed by the person being nominated as a Food Safety Supervisor (where this person is not the licensee).

(Complete the below declaration **only** where the nominated person is not the licensee).

I, _____, consent to this application being made by the Licensee (or an authorised representative) to be a nominated Food Safety Supervisor for the above food business and am aware of my legal responsibilities in performing this role.

Print Name: Signature: Date: ____/____/____

Section 7: SUITABILITY OF PERSON TO HOLD A LICENCE

Skills and knowledge of applicants to sell safe and suitable food. *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.*

Have any of the applicants* been convicted for a breach of any food legislation?	☐ No ☐ Yes	If yes, please attach details
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?	☐ No ☐ Yes	If yes, please attach details
Have any of the applicants* been refused a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law?	☐ No ☐ Yes	If yes, please attach details

Section 8: SKILLS AND KNOWLEDGE OF FOOD HANDLERS

Have all food handlers been appropriately trained and/or have the required skills and knowledge to perform their duties?

☐ Yes

If yes, provide details below of the training provided/completed and/or industry experience.

☐ No

All food handlers must complete a food safety training course or have appropriate skills and knowledge of food safety and hygiene matters commensurate with their duties. You may comply with your legislative obligation of ensuring food handlers have the appropriate skills and knowledge in food safety and hygiene matters by requiring them to complete a Food Safety Course such as the 'I'M Alert Online Food Safety Course' or the 'Do Food Safely Online Food Safety Course' and maintaing certification of this.

Section 9: TYPE OF PREMISES

Tick all boxes that apply		
☐ Childcare Centre/Aged Care/Catering	☐ Restaurant/Café/Takeaway	☐ Supermarket
☐ Mobile Food Vehicles/Boat	☐ Wholesaler	☐ Fruit & Vegetables
☐ Share Kitchen Facility/Community Hall	☐ Home-based Kitchen	☐ Other

Section 10: TYPE OF FOOD HANDLED

Tick all boxes that apply		
☐ Fish / Seafood products	☐ Milk / Ice cream / Yoghurt / Cheese	☐ Meat Pies
☐ Chilled / Frozen foods	☐ Fruit / Vegetables	☐ Raw meats / Frozen meat / Poultry
☐ Bakery products	☐ Ice	☐ Hamburgers / Sausages
☐ Sandwiches	☐ Confectionery	☐ Cooked meats
☐ Rice / Pasta	☐ Eggs	☐ Other:

Section 11: DESCRIPTION OF MATERIALS / FINISHES

Floors:		
Coving:		
Description of how appliances/fixtures are mounted/installed on flooring: *(e.g. benches/shelving/refrigerators fitted with metal legs, wheels or on plinths – list more than one where applicable)*		
Walls	**General:**	
	Behind Cooking Equipment:	
	Splashbacks:	
Ceilings:		
Floor to Ceiling Height (mm):		
Internal Windowsills:		☐ Splayed 45°C ☐ N/A
Lighting:	**Recessed:**	☐ Yes ☐ No
	Covers:	☐ Yes ☐ No
Description of Lighting:		
Benches:	**Fixed:**	☐ Yes ☐ No
	Castors:	☐ Yes ☐ No
	Legs:	☐ Yes ☐ No
Constructed of:		
Cabinets:	**Fixed:**	☐ Yes ☐ No
	Castors:	☐ Yes ☐ No
	Legs:	☐ Yes ☐ No
Constructed of:		

Section 12: MECHANICAL EXHAUST VENTILATION SYSTEM

Constructed/Installed By:	
Company Name:	
Installer Name:	
Address:	
Phone:	

Section 13: TEMPERATURE CONTROL APPLICANCES

Cold Room:	☐ Yes	☐ No	**Freezer Room:**	☐ Yes	☐ No
Hot Display:	☐ Yes	☐ No	**Cold Display:**	☐ Yes	☐ No
Adequate light provided?	☐ Yes	☐ No	**Other:**	☐ Yes	☐ No

Section 14: MEASURES TO MANAGE PESTS

Describe how pests such as cockroaches, flying insects and rodents will be excluded from the premises:

Section 15: COOKING EQUIPMENT (List all heating and cooking appliances)

E.g. ovens, toaster, salamanders, microwaves, bain-maries, grillers, dishwashers, etc.

Appliance Description	Power Input (kW/Mj/h)	Under Exhaust Hood (Yes/No)
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Section 16: CLEANING FACILITIES

*Please note all plumbing work/alterations **MUST** have approval and be inspected by Council's Plumbing Section prior to commencement of use. Please contact Council's Plumbing Section on **1300 79 49 29** for further information.*

Dishwasher:	☐ Yes ☐ No	**Glasswasher:**	☐ Yes ☐ No	
Double Bowl Sink:	☐ Yes ☐ No	Size (litres):	Drainage area (m²):	
Food Preparation Sink:	☐ Yes ☐ No	Size (litres):	Drainage area (m²):	
Pot Sink:	☐ Yes ☐ No	Size (litres):	Drainage area (m²):	
Hand Wash Basin/s:	☐ Yes ☐ No	Size (litres):	Single Spout: ☐ Yes ☐ No	
	Quantity of Basins	No.	Hot Water: ☐ Yes ☐ No	
	Method of Operation (i.e. hands fee/flick mixer):			
Cleaners Sink:	☐ Yes ☐ No	Drop down grate:	☐ Yes ☐ No	
Splashbacks supplied above all sinks/basins:	☐ Yes ☐ No			

Double Bowl Sink:	☐ Yes ☐ No	Size (litres):	Drainage area (m²):
Grease Trap:	☐ Yes ☐ No	Size (litres):	
Floor Wastes:	☐ Yes ☐ No	Number:	

Section 17: WASHING FACILITIES

Dishwasher Brand/Manufacturer:		
Washing and Rinsing:	Action automatic:	☐ Yes ☐ No
	Washes in one operation:	☐ Yes ☐ No
Rinse Details:	Water at 50°C with 50mg/kg Sodium Hypochlorite; OR	☐ Yes ☐ No
	Water at 75°C or higher	☐ Yes ☐ No
	Other, please specify:	
	Water heater:	☐ Integral ☐ Separate
	Thermometer visible?	☐ Yes ☐ No
Glasswasher Brand/Manufacturer:		
Washing and Rinsing:	Action automatic:	☐ Yes ☐ No
	Washes in one operation:	☐ Yes ☐ No
Rinse Details:	Water at 50°C with 50mg/kg Sodium Hypochlorite; OR	☐ Yes ☐ No
	Water at 75°C or higher	☐ Yes ☐ No
	Other, please specify:	
	Water heater:	☐ Integral ☐ Separate
	Thermometer visible?	☐ Yes ☐ No

Section 18: HOT WATER SYSTEM

To be completed for new food premises only or where an existing unit has been replaced. *Attach a certificate stating the system is adequate to supply continuous hot water at greater than 60°C at all points of use.*	
Type:	

Section 19: OPERATION AND AMENITIES

Number of Employees:			
Dining:	☐ Yes ☐ No	**Number of Seats:**	
Toilet facilities for customers:	☐ Yes ☐ No	**Separate toilet facilities for staff:**	☐ Yes ☐ No
Number of female toilets:		**Number of male toilets:**	
Number of unisex toilets:			
Liquor Licence:	☐ Yes ☐ No	**BYO:**	☐ Yes ☐ No
Description and Location of Storage for Following:			
Staff personal belongings:			
Cleaning chemicals:			
Cleaning equipment:			
Office/paperwork:			
Waste storage facilities:			

Section 20: ATTACHMENTS

☐	**Floor Plan** – A detailed and annotated floor plan showing the layout for all benches, basins, food and equipment storage; **and**
☐	**Cross-section and Elevation Plans** – Detailed and annotated cross-section and elevation plans that depict details of finishes to walls, floors, and ceilings (required for all applications for new constructions or alterations to an existing food premises only); **and**
☐	**Proposed Menu** - provide a copy of the proposed menu; **and**
☐	**Food Safety Supervisor Certification** - provide a copy of certification for all nominated Food Safety Supervisors, if available; **and**
☐	**Mechanical Exhaust Ventilation** – provide a copy of certification for compliance with AS1668.1 and AS1668.2 (if applicable); **and**
☐	**Documented Recall System** – provide a documented recall system, if applicable.

Section 21: APPLICANT DECLARATION

I, _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regard to any matters relevant to this application. I understand that I cannot commence operating until such time as I hold a valid licence issued by Barcaldine Regional Council.

Name of Applicant:	
Signature of Applicant	
Date:	
Position in Organisation / Company (if relevant):	

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

Alpha	43 Dryden Street
Aramac	35 Gordon Street
Barcaldine	71 Ash Street

PAYMENT

☐ Cheques or money order to be made payable to "Barcaldine Regional Council"
☐ Credit Card – Contact Council to arrange to pay
☐ 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 finance@barc.qld.gov.au*

OFFICE USE ONLY	Date application received:	Fee: $	Receipt number:
	CSO:	Date Paid:	Licence No: