

# Application for Replacement of Food Business Licence

Food Act 2006  
Section 96



ABN: 95399253048  
Telephone: 07 4913 5000 / 1300 790 919  
Postal: PO Box 2292 YEPPOON QUEENSLAND 4703

Enquiries: [www.livingstone.qld.gov.au/OnlineServices](http://www.livingstone.qld.gov.au/OnlineServices)



Did you know you can [apply online?](#)

**PRIVACY NOTICE** Livingstone Shire Council is collecting your personal information in order to provide the requested service and to update Council's records.  
The collection of this information is required under the *Food Act 2006*.

This form is to be used when applying for a replacement Food Business Licence for a business undertaken by the applicant, who has a current Food Business Licence.

## Applicant Details

Applicant Name (Individual, Partnership, Company)

Manager(s) Name (if applicant Partnership, Company)

Postal Address

Contact Number(s)

## Licence and Premise Details

Licence Number

Premises Address

Trading Name

Mobile Premise Details (including registration number)

## Reason for Replacement

Lost

Damaged

Destroyed

Stolen

## Details of how the licence was lost, damaged, destroyed or stolen

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## OFFICE USE ONLY

|                               |                |                       |           |
|-------------------------------|----------------|-----------------------|-----------|
| Receipt No.                   | Amount Paid \$ | Date Paid ___/___/___ | CSR No:   |
| Information Checked: Yes / No | Licence No:    | Doc No:               | Initials: |

**File LE19.4.3 –Licensing Food Business – 19.6.4 – 3 years (after the refusal, expiry or cancellation of the licence)**

Application for Replacement of Food Business Licence Form February 2014 (Version 1.1)

## Declaration

I submit this Application for Replacement Food Business Licence with the relevant fee. I understand that it is an offence under section 267 and section 268 of the *Food Act 2006* to provide false or misleading information or documents. If the application is made by a corporation or incorporated association, the person signing the form must occupy a position which is legally entitled to make an application on behalf of the corporation or incorporated association.

Signature of Licensee

Date

Name of Licensee (Individual, Partnership, Company)

Name of Signatory (if Partnership or Company)

Position of Signatory (if Partnership or Company)

## Payment Options

Refer to Council's Current [Fees and Charges](#) for details

*Payment must be made when the form is submitted – forms will not be processed until payment is received.*



**MAIL** – Make your cheque/money order payable to Livingstone Shire Council and mail to PO Box 2292, Yeppoon QLD 4703



**IN PERSON** – You can pay this account at any of Council's Customer Service Centres:



**ONLINE SERVICES** – Visit [www.livingstone.qld.gov.au/online-services](http://www.livingstone.qld.gov.au/online-services)

**Yeppoon** (Town Hall, 25 Normanby Street or **Emu Park** (Library), 7-9 Hill Street