

Application for Food Business Licence

Food Act 2006
Section 52



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

Enquiries: 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 must be used when applying for a Food Business Licence with or without an accredited Food Safety Programme for a business undertaken by the applicant. The details provided are used by Council to decide the application. The application must be submitted with the relevant fee; the food safety programme and written advice from a Food Safety Auditor (if applicable).

Applicant Details

Applicant Name (Individual, Partnership, Company)	Company Name (if Partnership or Company)
<input type="text"/>	<input type="text"/>
Postal Address	Nominated Office Address (if Partnership or Company)
<input type="text"/>	<input type="text"/>
Suburb and Postcode	Suburb and Postcode
<input type="text"/>	<input type="text"/>
Contact Number(s)	Company Director(s) Name
<input type="text"/>	<input type="text"/>
Email	Manager(s) Name
<input type="text"/>	<input type="text"/>
ABN / ACN	Manager(s) Contact Number
<input type="text"/>	<input type="text"/>

Licence and Premise Details

Licence Type	
<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Temporary Food Licence	
Premises Type	
<input type="checkbox"/> Fixed Premises <input type="checkbox"/> Mobile Premises <input type="checkbox"/> Temporary Premises	
Trading Name	Description of Proposed Business (caterer, bakery, takeaway, café, restaurant, hospital)
<input type="text"/>	<input type="text"/>
Proposed Business's Opening Date	Operating Hours (days and hours)
<input type="text"/>	<input type="text"/>

FIXED PREMISES (please complete this section)

Fixed Premise Address	Lot and Plan Number
<input type="text"/>	<input type="text"/>
Suburb and Postcode	Floor Area (square metres)
<input type="text"/>	<input type="text"/>

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 Food Business Licence Form June 2017 (Version 1.3)

Do you have current approvals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Development Approval Number

Trade Waste Approval Number

Building Approval Number

Other Approvals

Plumbing and Drainage Approval Number

Does your business provide offsite catering?	<input type="checkbox"/> Yes (also complete details for Mobile Premises)	<input type="checkbox"/> No
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MOBILE PREMISES (please complete this section)

Mobile Premise Details

Vehicle Registration Number (if applicable)

Suburb and Postcode

Registered Vehicle Owner

Floor Area (square metres)

Vehicle Make

Vehicle Type (car, van, trailer, caravan)

Vehicle Model

TEMPORARY PREMISES (please complete this section) for multiple events (up to 12) attach as separate list

Event Location

Event Name

Event Address

Event Date(s)

Suburb and Postcode

Floor Area (square metres)

Food Safety Programme

Under the *Food Act 2006*, certain licensable businesses in Queensland must have an accredited Food Safety Programme. Food businesses require an accredited Food Safety Programme if they provide offsite catering; onsite catering at the premises stated in the licence or part thereof; operate as part of a private hospital under the *Private Health Facilities Act 1999*; or produce potentially hazardous food for vulnerable populations at child care, aged care and hospitals facilities.

Are you required to submit a Food Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Business Type

<input type="checkbox"/> Offsite Catering	<input type="checkbox"/> Child Care Centre
<input type="checkbox"/> Onsite Catering	<input type="checkbox"/> Aged Care Facility
<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Other (please specify)

Livingstone Shire Council requires the applicant to obtain a 'Notice of Written Advice' from an approved auditor as to whether the food safety programme meets the criteria for food safety programmes set out in section 104 of the *Food Act 2006*. Visit the Queensland Health website www.health.qld.gov.au/public-health/industry-environment/food-safety for approved Food Safety Auditors.

Food Safety Supervisor

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 thirty (30) days of receiving the Food Business Licence.

The Food Safety Supervisor(s) have the authority to supervise and give directions about matters relating to food safety to persons who handle food in the food business Yes No

The Food Safety Supervisor(s) is reasonably available to be contacted by Council while the food business is being undertaken Yes No

Food Safety Supervisor Name

Food Safety Supervisor Name

Postal Address

Postal Address

Suburb and Postcode

Suburb and Postcode

Contact Number(s)

Contact Number(s)

Email

Email

Checklist

The following must be submitted with this application. Use this checklist to ensure that you have attached all necessary documents for Council to assess and decide the application.

Food Business Details

- Recall system details if the business is a wholesaler, supplier, manufacturer or importer
- Detailed food menu
- List of potentially hazardous ingredients
- Details on the materials used in the design and construction of the premises/vehicle
- Two (2) copies of each plan, drawn to scale and complying with the Food Safety Standards 3.2.3:
 - Site Plan
 - Floor Plan
 - Sectional Elevations Plan
 - Hydraulic Plan
 - Mechanical Exhaust Ventilation Plan
 - Transport Vehicle
 - Premises Layout detailing:
 - Details, position and size of all plumbing fixtures
 - Details, position and size of food preparation benches
 - Details, position and size of exhaust canopies
 - Details of all surface finishes (floors, walls, ceilings and bench surfaces)
 - Details of all surface joining methods
 - Details, position and specifications of all food preparation equipment

Food Safety Programme

- Two (2) copies of the Food Safety Programme
- 'Notice of Written Advice' from an approved Food Safety Auditor

Food Safety Supervisor

- Copy of the Statement of Attainment

Declaration

- (a) Has the applicant, executive officer, or any other member of the management committee been convicted of a relevant offence other than a spent conviction? Yes No
- (b) Has the applicant, executive officer, or any member of the management committee previously held a licence under the *Food Act 2006*, *Food Act 1981* or a corresponding law that was cancelled or suspended? Yes No
- (c) Has the applicant, executive officer, or any member of the management committee been refused a licence under the *Food Act 2006*, *Food Act 1981* or a corresponding law? Yes No

If you have ticked 'Yes' for one or more of the boxes above, please provide details and submit with your application. Is further information attached? Yes No

I submit this Application for Food Business Licence and Food Safety Program Accreditation (if applicable) with the relevant fee and supporting documentation as required. 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 Applicant

Date

Name of Applicant (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/oneservices

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