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 (Legal Entity – individual or company or partnership)

Postal Address	Business/Residential Address
Suburb and Postcode	Suburb and Postcode
Contact Number(s)	Manager(s) Name
Email	Manager(s) Contact Number
ABN	ACN

Licence and Premise Details	;		
Licence Type			
□ Category 1	□ Category 2	□ Category 3	□ Short Term
Premises Type			
Fixed Premises	□ Mobile Premises		Temporary Premises
Trading Name		Description of Proposed Business (caterer, bakery, takeaway, café, restaurant, hospital)	
Proposed Business's Opening Date		Operating Hours (days and hours)	

□ FIXED PREMISES (please complete this section)

Fixed Premise Address	Lot and Plan Number
Suburb and Postcode	Floor Area (square metres)

OFFICE USE ONLY			
Receipt No.	Amount Paid \$	Date Paid: / /	CSR No:
Information Checked: Yes / No	Licence No:	Doc No:	Initials:



Do you have current approvals?	□ Yes □ No
	Trada Wests Assessed Number
Development Approval Number	Trade Waste Approval Number
Building Approval Number	Other Approvals
Plumbing and Drainage Approval Number	[]
□ 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
	wellote this costion)
□ SHORT TERM AND TEMPORARY PREMISES (please co	
Event Location (e.g. park name)	Event Name

Event Eoodion (e.g. park name)	Event Name
Event Address	Event Date(s)
Suburb and Postcode	Floor Area (square metres)

Food Safety Program

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?	□ Yes	□ No
Business Types that require a Food Safety Program – please ti	ck relevant box/es	
□ Offsite Catering	□ Child Care Centre	
Onsite Catering	□ Aged Care Facility	
Private Hospital	\Box 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 <u>https://www.health.qld.gov.au/public-health/industry-environment/food-safety</u> 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	□ Yes	🗆 No
relating to food safety to persons who handle food in the food business		

The Food Safety Supervisor(s) is reasonably available to be contacted by Council while the food business is being undertaken

Second Food Safety Supervisor Name if applicable	
Postal Address	
Suburb and Postcode	
Contact Number(s)	
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
- □ Provide plans (digital or hard copy) 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 Program

- □ Copy of the Food Safety Program
- □ 'Notice of Written Advice' from an approved Food Safety Auditor

Food Safety Supervisor

□ Copy of the Statement of Attainment for the food safety supervisor/s qualification

Declaration (a) Has the applicant, executive officer, or any other member of the management □ Yes committee been convicted of a relevant offence other than a spent conviction? (b) Has the applicant, executive officer, or any member of the management committee □ Yes previously held a licence under the *Food Act 2006*, *Food Act 1981* or a corresponding law that was cancelled or suspended? (c) Has the applicant, executive officer, or any member of the management committee □ Yes been refused a licence under the *Food Act 2006*, *Food Act 1981* or a corresponding law?

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

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.

Name of Applicant	Date
Signature of Applicant	
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: Yeppoon (Town Hall, 25 Normanby Street or Emu Park (Library), 7-9 Hill Street

ONLINE SERVICES – Visit www.livingstone.qld.gov.au/onlineservices

□ No

□ No

□ No