



Food Act 2006  
**APPLICATION FORM**  
Food Business Licence July 2011 to June 2012

To: Chief Executive Officer, Cairns Regional Council

**Application for:**

New Licence	<input type="checkbox"/>	Amendment of Licence (Section 5)	<input type="checkbox"/>
Restoration of Licence	<input type="checkbox"/>	Request for an Inspection	<input type="checkbox"/>

**Section 1 – Applicant's details** (Please print)

Applicant Name (Person/s or Company): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Director/s name: \_\_\_\_\_ ABN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**Section 2 – Food Business Details** (Please print)

Trading name: \_\_\_\_\_

Contact name for this application: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Description of food business: (eg café, restaurant, cannery etc)

Does your business involve any off-site or on-site catering? : (please circle) Yes No

Address of food premises: (include name of shopping centre, if applicable)

Registration number of vehicle: (applies to Mobile Food Vehicles only)

Vehicle Identification Number (VIN): (applies to Mobile Food Vehicles only)

Real property description: Lot no. \_\_\_\_\_ Registered plan no.: \_\_\_\_\_

**Section 3 – Nomination of Food Safety Supervisor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business hours contact number: \_\_\_\_\_

If you have more than one food safety supervisor, please attach details and relevant contact information. The nominated Food Safety Supervisor/s will need to provide a certified copy of their Statement of Attainment for specified units of competency. (Refer to the Queensland Health website for further information [www.health.qld.gov.au/ph/Documents/ehu/33262.pdf](http://www.health.qld.gov.au/ph/Documents/ehu/33262.pdf) or contact Council's Public Health Unit.)

**Section 4 - Suitability of Applicant to Hold Licence (Please print)**

Skills and knowledge of applicants to sell safe and suitable food: (Include details of courses attended, certificates, etc)

\*Have any of the applicants been convicted for a breach of any food legislation? Yes No

\*Have any of the applicants previously held a licence under the Food Act 2006, the Food Act 1981 or a corresponding law? Yes No

\*Have any of the applicants been refused a licence under the Food Act 2006, the Food Act 1981 or a corresponding law? Yes No

\* Note: 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 (If any answer above is Yes, please supply details)

**Section 5 - Amendment Details (Please supply details of changes required to your existing Licence)**

Name:

Licence Number:

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 regards to any matters relevant to this application.

**Signature of Applicant:** ..... **Date:** .....

**Cairns Regional Council – Information Privacy Statement**

Your personal information has been collected for the purpose of assessing your Application for a Food Business Licence including New, Renewal, Restoration & Amendment. The collection of your information is authorised under the **Food Act 2006**. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

**Section 6 - Fee Schedule (N.B. Risk Category as per Priority Classification System)**

\* Former DSC

HIGH RISK:	\$ 627.50	\$ 477.00*
MEDIUM RISK:	\$ 606.00	\$ 457.00*
LOW RISK:	\$ 346.50	\$ 290.50*
AMENDMENT OF LICENCE:	\$ 98.00	
APPROVED CONCESSION: Not for profit community group, Bed & Breakfast, Sporting Group	\$ 295.00	
MINOR PREPARATION LICENCE: (at the discretion of Manager Environmental Assessment)	\$ 308.00	
RESTORATION OF LICENCE: Plus above fee	\$ 59.00	
REQUEST FOR AN INSPECTION	\$ 206.00	

**NOTE: New financial fees apply for new applicants from 1 July 2011 to 31 December 2011 (Certificate issued until 30 September 2012)**

	Pro- Rata \$	Low	Med	High
2/3 fees 1 Jan '12 to 31 March '12		230	405	420
1/3 fees 1 April '12 to 30 June '12		115	200	210
2/3 fees 1 Jan '12 to 31 March '12	Low*	193	305	317
* former DSC 1/3 fees 1 April '12 to 30 June '12		97	152	159

OFFICE USE	Receipt Code:	Fee Paid	Date	Receipt Number	Health Number
	T163 (New Applicant) or T80 (Existing Account)	\$			