

# Application for Food Business Licence or Notification by Non-profit Organisation Temporary Premises Food Act 2006

2020/21

Please submit this application at least 30 days prior to your intended first event to ensure your application is assessed and the temporary premises are inspected in advance of the event. For your application to be assessed you must:

- Complete all sections fully (unless otherwise stated);
- Enter N/A if the question does not apply, do not leave answers blank;
- Provide all supporting information referred to on this form; and submit with the relevant fee

*Please note incomplete applications may be refused or delayed.*

## 1. Applicant's Details

Who is making this application:	Individual	<input type="checkbox"/>	Complete section 6A	
	Corporation	<input type="checkbox"/>	Complete section 6B and <u>attach</u> name of Directors	
	Incorporated Association <u>with</u> poker machines	<input type="checkbox"/>	Complete section 6B and <u>attach</u> names of members of management committee	
	Incorporated Association <u>without</u> poker machines ( <i>please provide supporting documentation from ATO</i> )	<input type="checkbox"/>		
<b>6A Individual</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Applicant Name:	First/Given Name(s):		Last/Family Name:	
Trust Name: <i>(if applicable) as trustee for</i>				
ABN: <i>(attach copy of ABN)</i>				
Contact Number/s:	Phone Number:	Mobile Number:		
Contact Email:				<input type="checkbox"/> Tick to opt-in for postal notifications regarding future renewal notices / reminders
Residential Address:				
Postal Address:				
<b>6B Corporation / Incorporated Association</b>				
Name:				
Trust Name: <i>(if applicable) as trustee for</i>				
ABN: <i>(attach copy of ABN)</i>				
Contact Name:				
Contact Number/s:	Phone Number:	Mobile Number:		
Contact Email:				<input type="checkbox"/> Tick to opt-in for postal notifications regarding future renewal notices / reminders
Corporation Registered Address:				
Incorporated Association Nominated Address:				
Postal Address: <i>(if different to above)</i>				

## 2. Event details (list all proposed event locations)

Name of Event	Location of Event	Date	Time

### 3. Trading Details

Trading / Stall Name:	
List foods intended to be prepared and/or sold, or attach a menu:	

### 4. Origin of food

<b>Will all of the food be prepared at the temporary food premises?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
For individuals or corporations where food is prepared at a premises other than the temporary food premises, please provide details below of licensed premises where food will be prepared. If this premises is outside the Cairns Regional Council area, a copy of the food licence must be provided.		
Name of premises:		
Licence number:		

### 5. Suitability of Applicant

<b>5A. Applicant</b>		
Has the applicant previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant, including an executive officer of the corporation or member of the association's management committee, ever had a licence refused, suspended or cancelled, or been convicted of a relevant offence, other than a spent conviction, under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law: <i>(if yes, please provide details as an attachment)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5B. Food Safety Supervisor / Food Handler for Non-profit Organisation</b>		
All licenced food businesses must have at least one Food Safety Supervisor and for non-profit organisations, a nominated food handler.		
Name:		
Telephone Number:		
<b>Skills and knowledge:</b> <i>Provide details next to relevant option/s and attach any supporting documentation (eg: for Certificate - name of certificate, for Experience - incl. years and type etc)</i>	<input type="checkbox"/> Certificate	
	<input type="checkbox"/> Course	
	<input type="checkbox"/> Experience	
	<input type="checkbox"/> In-house training	

### 6. Stall Structure

<b>Select type:</b> <i>(ensure material is suitable for cleaning)</i>	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Tent	<input type="checkbox"/> Awning
	<input type="checkbox"/> Marquee	<input type="checkbox"/> Other <i>(please list)</i>	
<b>Flooring:</b>	Describe construction material of flooring:		
<b>Ceiling:</b>	Describe construction material of ceiling:		
<b>Walls:</b>	Describe construction material of walls:		
	How many walls:		
	How are they secured:		

## 7. Food Storage and Display

<b>Food storage during transportation:</b>	<input type="checkbox"/> Esky	<input type="checkbox"/> Mobile Cold Room	<input type="checkbox"/> Non-temperature controlled containers
	<input type="checkbox"/> Refrigerator in vehicle	<input type="checkbox"/> Other <i>(please list)</i>	
<b>Food storage within stall:</b>	<input type="checkbox"/> Esky	<input type="checkbox"/> Mobile Cold Room	<input type="checkbox"/> Non-temperature controlled containers
	<input type="checkbox"/> Refrigerator in vehicle	<input type="checkbox"/> Other <i>(please list)</i>	
<b>Food display:</b>	<input type="checkbox"/> Hot Box	<input type="checkbox"/> Cold Display	<input type="checkbox"/> Cook to order
	<input type="checkbox"/> Pie Warmer	<input type="checkbox"/> Other <i>(please list)</i>	

## 8. Equipment Checklist

Please tick which items you will be utilising and provide photographs with your application:			
<input type="checkbox"/>	Hand wash facilities <i>(minimum 20L &amp; tap)</i>	<input type="checkbox"/>	Probe thermometer
<input type="checkbox"/>	Liquid Soap	<input type="checkbox"/>	Food grade sanitiser
<input type="checkbox"/>	Paper towel	<input type="checkbox"/>	Potable water supply
<input type="checkbox"/>	Utensil washing facility	<input type="checkbox"/>	Detergent
<input type="checkbox"/>	Spare utensils	<input type="checkbox"/>	Tea towels / cloths / wipes / sponges
<input type="checkbox"/>	Cooking equipment	<input type="checkbox"/>	Broom / dustpan / mop
<input type="checkbox"/>	Waste water disposal	<input type="checkbox"/>	Buckets / containers
<input type="checkbox"/>	Oil / fat disposal	<input type="checkbox"/>	Rubbish bins
<input type="checkbox"/>	First Aid Kit <i>(with coloured band-aids)</i>	<input type="checkbox"/>	Fire safety equipment
<input type="checkbox"/>	Electrical leads tagged and tested	<input type="checkbox"/>	Gas Bottles <i>(ensure sufficient airflow)</i>
<input type="checkbox"/>	Other <i>(please specify):</i>		

## 10. Temporary Food Stall Design

**Provide a detailed floor plan of your stall set-up and photographs (if available)**  
 Clearly identify the layout and all equipment, eg: *tables, cooking equipment, cooler box, bain-marie, hand wash facility, money handling etc.*

### 11. Amendment to Licence

Applicant Name:	
Food Licence Number:	
Details of Amendment:	

### 12. Checklist before Submitting Application

I have attached confirmation of my non-profit status from the ATO: <i>(if applicable)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
I have attached a copy of my menu: <i>(if applicable)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
I have attached a copy of the Food Business Licence where the food is prepared: <i>(if applicable)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
I have attached the photographs of the equipment I will be using:	<input type="checkbox"/> Yes	
I have completed the Temporary Food Stall Design under section 10:	<input type="checkbox"/> Yes	

### 13. Applicant Declaration

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

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.

I am aware that it is an offence to knowingly provide false or misleading information. I am also aware that it is an offence to commence operating a food business without an approved licence.

Name of Individual / Organisation:	
Name of Signatory: <i>If applicant is an organisation</i>	
Position: <i>Proprietor, Director, Manager etc.</i>	
Signature:	
Date:	

### Fee Schedule

Licence per Event	<b>\$104</b>
Annual Licence - Maximum of 26 Events per licence year	<b>\$364</b>

OFFICE USE ONLY Receipt Type T 163			
Fee:	Receipt #	Date:	Officer Name:

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of assessing your application. The collection of your information is authorised under the *Local Government Act 2009*. 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.