

Application for a Food Business Licence
Food Act 2006

2019/20

All required sections must be fully completed and required documentation submitted with this application. An incomplete application will not be accepted and will delay assessment. PLEASE NOTE: It can take up to 30 days to assess a completed application.

1. What are you applying for?

New Licence	<input type="checkbox"/> Go to Section 2	Food Safety Program Accreditation	<input type="checkbox"/> Go to Section 2
Amendment to Licence	<input type="checkbox"/> Go to Section 8	Food Safety Program Amendment	<input type="checkbox"/> Go to Section 8

2. What type of Food Business Licence are you applying for?

Fixed Premises <input type="checkbox"/>	Home Based Business <input type="checkbox"/>	Food Vehicle or Mobile Boat <input type="checkbox"/>	Vehicle Registration: VIN#:
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3. Have you contacted Council's Planning Approvals Unit to ensure you can lawfully operate from the premises?

Yes <input type="checkbox"/>	Please provide Development Approval #: or Advice received (reference #):
No <input type="checkbox"/>	Contact Council's Planner of the Day on 1300 69 22 47 before proceeding further

4. Are you operating from an Existing Food Premises

Yes <input type="checkbox"/>	Do you intend to make any alterations to the existing fit out of the premises? Yes <input type="checkbox"/> Complete Application of Suitability of Premises Assessment form No <input type="checkbox"/> Continue to question 5
No <input type="checkbox"/>	New fit-out required - complete Application for Suitability of Premises Assessment form to attach with this application

5. Applicant's Details

Is the applicant a Not-for Profit Organisation?	Yes <input type="checkbox"/> <i>Please attach supporting documents from ATO</i>	No <input type="checkbox"/>
Who is making this application?	Individual <input type="checkbox"/> Go to section 5A	Corporation / Incorporated Association <input type="checkbox"/> Go to section 5B

5A Individual	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"/> <i>Tick to opt-in for postal notifications regarding future renewal notices / reminders</i>			
Residential Address				
Postal Address				

5B Corporation / Incorporated Association*				
Name				
Trust Name <i>(if applicable) as trustee for</i>				
ABN	Director Names*:			
Contact Name				
Contact Number/s	Phone Number:		Mobile Number:	
Contact Email	<input type="checkbox"/> <i>Tick to opt-in for postal notifications regarding future renewal notices / reminders</i>			
Registered Address				

*The Food Act 2006 requires a Corporation or Incorporated Association to provide names of directors or members on a management committee. Please attach a complete list of all directors or members of the management committee.

6. Food Business Licence details

Business Trading Name:			
Are you taking over an existing/previous Food Business?	Yes <input type="checkbox"/>	Business Name and Licence Number:	No <input type="checkbox"/>
Business Address:	Lot#	Plan:	
Activity <i>e.g. Café/Bakery etc.</i>			
Types of food to be prepared and/or sold <i>Attach menu if available</i>			
Hours of Operation: <i>Provide days and times</i>			
Proposed start date*:			
Catering: <i>A Food Safety Program is required and must be submitted with Notice of Written Advice from an approved auditor</i>	On-Site: Yes <input type="checkbox"/>	Off-Site: Yes <input type="checkbox"/>	Food Transport Vehicle: Make: Model:
	No <input type="checkbox"/>	No <input type="checkbox"/>	
Is this a shared kitchen:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If Yes, please provide written approval from primary kitchen operator and property owner and answer the following:</i>
	Days used each week:		
	Hours used each week:		
*Please note you cannot lawfully operate a food business until you have received your food business licence from Council.			

7. Suitability of Applicant

Has the applicant previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the applicant ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law?* (if yes, please provide details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skills and knowledge of applicant: <i>e.g. Certificates or Courses</i>		
Food storage details:		
How do you monitor food temperature:		
Provide details of Food Grade Sanitiser used:		
Provide details of Cleaning and Sanitising procedures:		
Do the premises have a separate Hand Wash Basin equipped with Soap and Paper Towels:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*This includes an Executive Officer of the Corporation or a Member of the Association's Management Committee if the applicant is a Corporation or an Incorporated Association.		

Food Safety Supervisor Details

All licenced food businesses must have a Food Safety Supervisor. You are required to provide Council with the details of your food safety supervisor(s) within thirty (30) days of your licence being issued.

Name:	
Contact Number:	
<i>Please attach a Certified Copy of your nominated Food Safety Supervisor's Statement of Attainment for specified units of competency. Note: If you have more than one food safety supervisor, please attach details and relevant contact information.</i>	

8. Amendment to Licence

Applicant Name:	
Food Licence Number:	
Details of Amendment: <i>(Please Note: for Food Safety Program amendment you may need to provide a Notice of Written Advice from an approved auditor)</i>	

9. 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 food business licence.

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

10. Fee Schedule

All licences expire annually on the **30th September**

Category A <i>Market Stall, one-off Temporary Event</i>	\$104	Category C <i>Food Business not defined in Category A or B</i>	\$650
Category B <i>Minor Food Prep, Low-risk food business</i>	\$364	Food Safety Program Accreditation <i>Notice of written advice from an approved auditor must accompany Food Safety Program</i>	\$364
Amendment to Licence or Food Safety Program			
Minor <i>(basic administrative step)</i>	Nil		
Major <i>(requiring authorised officer inspection/assessment)</i>	50% of Application Fee		

OFFICE USE ONLY

Receipt Type T163

Fee:	Receipt No.:	Date:	Officer Name:
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