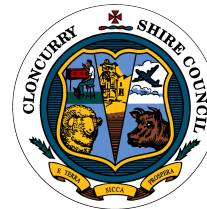


Cloncurry Shire Council

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PO Box 3,
Cloncurry QLD 4824

Telephone 07 4742 4100 Facsimile 07 4742 1712
Email council@cloncurry.qld.gov.au
Website www.cloncurry.qld.gov.au



Food Act 2006

Food Business Licence Application

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

☐ Application Fee \$ _____
☐ Renewal Fee \$ _____
☐ Amendment Fee \$ _____

Applicant/s details

If applicant is a company,
insert company name and
ACN / ARBN

Company name ACN / ARBN

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature Date / /

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature Date / /

Current Food Business
Licence No.

Licence no. Expiry date

Contact details

Select as applicable.

☐ Business ☐ Private

Contact person

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

Office Use Only

Entered by

Application no.

Business name must be registered with the Office of Fair Trading. If a vehicle or stall – advise exact location??	Business details		
	Business name		BN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Street address		
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Enter postal address if different from street address.	Postal address		
	Locality / Suburb		
	State <input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Contact person		
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email <input type="text"/>	
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	Description of food business: (eg. café, restaurant, cannery, etc)		
	Does your business involve any off-site catering? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If there are additional vehicles, please attach additional vehicle information to this form.	Vehicle details			
	Do you deliver food in a vehicle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you handle or prepare food in the vehicle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, how many vehicles do you use?		<input type="checkbox"/> 1 - 5	<input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11+
	Vehicle details			
	Type	Reg no.		
	Type	Reg no.		
	Type	Reg no.		
	Type	Reg no.		
	Type	Reg no.		

	Current approval details		
	<i>Please insert your approval number for each approval type issued by Local Government.</i>		
	Approval Type	Approval No.	Office Use Only
	Building approval		
	Plumbing and drainage approval		
	Development approval		
	Trade waste approval		
	Other – please specify		

	Suitability of person to hold a licence	
	Skills & knowledge of applicants to sell safe and suitable food:	
	Have any of the applicants been convicted for a breach of any food legislation? <i>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.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details	
Have any of the applicants previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law that was suspended or cancelled? <i>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.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please attach details		

Have any of the applicants been refused a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law? *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.*

☐ No ☐ Yes If Yes, please attach details

Nomination of food safety supervisor

Note: If you do not know the details of your food safety supervisor(s) at this time, do not complete this section. This will not affect the decision made on your application. However, you are required to provide the local government details of your food safety supervisor(s) within thirty (30) days of receiving your licence.

Food safety supervisor details

Name

Address

Business hours contact no

Complete only if applying
for an amendment

Amendments

Provide details of proposed amendments

Please attach.

**NOTE: Applications for
Renewal of Licence do not
require attachments to be
resubmitted.**

Attachments

- Two (2) copies of a Site Plan, drawn to scale not less than 1:100, showing the food premises location, waste storage, car parking, staff and public toilet facilities and adjacent land uses.
- Two (2) copies of a Floor Plan, drawn to scale not less than 1:50, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises).
Sink details should be provided, including the type of sink (single bowl, double bowl, triple bowl, wash hand basin, or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finishes used on equipment, fixtures, fittings, floors, walls and ceiling (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting).
- Two (2) copies of a Sectional Elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, equipment and fixtures, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable).
- Two (2) copies of a Hydraulic plan (plumbing and drainage plan), drawn to scale not less than 1:50, showing the location of water and sewage pipes and connection types, tundishes and grease traps.
- Two (2) copies of a Mechanical Exhaust Ventilation Plan, drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed.
- Two (2) copies of a Transport Vehicle Plan, drawn to scale of not less than 1:50, showing details of the layout of all the equipment, fixtures and fittings and the types of materials used.
- Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable).

Please note: This application and fee MUST be lodged with your Council.

Office use only

Fee	Date / /
Scheduled category	File no.
Receipt no.	Access no.
Registration no.	Licence no.