

<p>Food Act 2006</p>	<p align="center">Application for a Food Business Licence Amendment</p> <p>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.</p> <p align="center"><i>Conditions may be imposed on the licence as considered appropriate by Council.</i></p>				
<p>Amendment of a Food Business Licence includes change of licensee or changing details of an existing licence excluding structural changes.</p>					
<p>Amendment (Change of licensee /amending existing licence) Fee: \$80.00 Application</p>					
<p align="center">Licencee / Applicant details</p>					
<p>If applicant is a corporation, insert corporation name and ACN.</p> <p>If applicant is an individual/s insert details here</p> <p>To be completed for all applications.</p>	<p>APPLICANT 1</p> <table border="1"> <tr> <td>Corporation name:</td> <td>ACN:</td> </tr> <tr> <td>Name:</td> <td>Position:</td> </tr> </table> <p>OR</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)</p> <p>Family name</p> <p>Given names</p> <p>APPLICANT 2</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)</p> <p>Family name</p> <p>Given names</p>	Corporation name:	ACN:	Name:	Position:
Corporation name:	ACN:				
Name:	Position:				
<p>Postal address for delivery of correspondence associated with this licence.</p>	<p>Postal address</p> <hr/> <p>Locality / Suburb State Postcode</p> <p>Phone Number Mobile Number</p> <p>Fax Number Email</p>				
<p align="center">Business / Trading Details</p>					
<p>Business name must be registered with the Office of Fair Trading.</p> <p>Real Property Description – refer to Rates Notice.</p> <p>Off-site catering – means serving potentially hazardous food at a place other than the licensee's principal place of business.</p>	<p>Trading name ABN <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"/></p> <p>Lot no. Reg. plan no. Parish</p> <p>Street address of business</p> <hr/> <p>Phone Number Mobile Number</p> <p>Fax Number Email</p> <p>Description of food business (e.g. café, restaurant, cannery, etc)</p> <hr/> <p>Does your business involve any off-site catering <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p align="center">Contact Details</p>					
<p>Select as applicable.</p> <p>To be completed for all applications.</p> <p>Postal address to be completed if different to postal address provided on Page 1.</p>	<p><input type="checkbox"/> Business <input type="checkbox"/> Private</p> <p>Contact person</p> <p>Postal address</p> <hr/> <p>Locality / Suburb State Postcode</p> <p>Phone Number Mobile Number</p> <p>Fax Number Email</p>				

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 - 4 <input type="checkbox"/> 5+
Type	Reg no.
Type	Reg no.
Type	Reg no.
Type	Reg no.

Suitability of person to hold a licence	
Provide details of any qualifications or experience relevant to the applicant.	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 <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law? <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)

Nomination of Food Safety Supervisor	
The Food Safety Supervisor must be reasonably available to be contacted by the Local Government and by persons who handle food at the food business, while the business is being carried on. You may nominate more than one 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) and copies of their certificates within thirty (30) days of receiving your licence.
	Food Safety Supervisor details
	Name
	Address
	Business hours contact no

Authorisation of Change of Licence Holder	
This section must be completed by the current license holder, if there is a change of license holder.	Note: As the existing Food Business Licence holder you are required to authorize the change to licence details that the new business operator/owner/s wish to make.
	Former Business Trading Name (if different to this application):
	Name:
	Signature:

Attachments	
Please attach relevant plans when -	For all applications – (required)
	<input type="checkbox"/> Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable). <input type="checkbox"/> Completed Credit Application Form (CCS-RE-02)

Applicant One	Declaration	
	<i>I declare the information provided in this application to be true and correct.</i>	
	Signature _____	Date / /
Applicant Two	Declaration	
	<i>I declare the information provided in this application to be true and correct.</i>	
	Signature _____	Date / /

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

Office use only	Date Received:	Application Checked: YES NO
	Fee (\$):	Taken By:
	Receipt No:	Other:
	Subject: FID2666	

PRIVACY COLLECTION NOTICE: THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE OF MAINTAINING COUNCIL'S LICENCE REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.



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