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	APPLICATION FOR A FOOD BUSINESS LICENCE			
	Food Act 2006 Contact Council if you have any specific enquiries regarding fees or how to complete this form. Typ or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.			
	Fees and charges are available on Council website at <u>www.banana.qld.gov.au</u> or by contacting our Customer Service on (07) 4992 9500.			
	Conditions may be imposed on the licence as considered appropriate by Council			
	New – Minor Premises	Application Fee + Annual Licence Fee		
Minor – selling only cut fruit or vegetables, unpackaged	New – Standard Premises	Application Fee + Annual Licence Fee		
pies, sausage rolls etc Multiple – eg deli and vege	New – Multiple Preparation Areas	Application Fee + Annual Licence Fee		
prep, bakery and café Mobile – not including	New – Mobile Vehicle	Application Fee + Annual Licence Fee		
delivery vehicle associated with licensed premises	New – Water Carrier	Application Fee + Annual Licence Fee		
Amendment – making alterations to an existing premises	New – Home-Based Business	Application Fee + Annual Licence Fee		
	Structural amendments	Application Fee only		
	APPLICANT 1			
LICENCEE / APPLICANT	Corporation name:	ACN:		
DETAILS	Name:	Position:		
If applicant is a corporation, insert corporation name and	OR			
ACN.	Mr Mrs Ms Miss	Other (specify)		
If applicant is an individual/s insert details here	Family name			
	Given names			
To be completed for all applications.	APPLICANT 2			
	Mr Mrs Ms Other (specify)			
	Family name			
	Given names			
	Postal address			
Postal address for delivery of correspondence	Locality / Suburb	State Postcode		
associated with this licence.	Phone Number Mobile Number			
	Fax Number Email			
	Trading name			
BUSINESS / TRADING DETAILS	Lot no. Reg. plan no.	Parish		
Business name must be registered with the Office of Fair Trading.	Street address of business			
Real Property Description	Phone Number	Mobile Number		
- refer to Rates Notice.	Fax Number	Email		
Off-site catering – means serving potentially	Description of food business (e.g. café, restaurant, cannery, etc)			
hazardous food at a place other than the licencee's				
principal place of business.	Does your business involve any off-site catering	Yes No		



CONTACT DETAILS	Business Private				
Select as applicable.	Contact person				
To be completed for all applications.	Postal address				
Postal address to be completed if different to	Locality / Suburb			State	Postcode
postal address provided on Page 1.	Phone Number			Mobile Numb	er
	Fax Number Email				
	Do you deliver food in a vehicle?			Yes	No
	Do you handle or prepare food in the vehicle?			Yes	
	If yes, how many vehicles do you	use?		1 - 4	5+
VEHICLE DETAILS	Туре		Re	g no.	
	Туре			g no.	
	Туре			g no.	
	Туре			g no.	
	Please insert your approval numb	er for each appro		-	y Local Government.
CURRENT APPROVAL DETAILS	Approval Type	Approval No.		<u> </u>	Office Use Only
The establishment of a new	Building approval				
business may require a number of other approvals	Plumbing and Drainage				
from various Council	Development approval				
Departments, prior the approval of this permit.	Trade Waste approval Other – please specify				
	Skills & knowledge of applicants to	soll safe and su	uitab	lo food:	
	Okins & Knowledge of applicants to		mab		
SUITABILITY OF	Have any of the applicants been				
PERSON TO HOLD A	corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included. No Ves (If Yes, please attach details)				
LICENCE Provide details of any	Have any of the applicants previously held a licence under the Food Act 2006, the Food Act 1981 or				
qualifications or experience	a corresponding law that was suspended or cancelled? If the applicant is a corporation or an incorporated				
relevant to the applicant.	association, an executive officer of the corporation or a member of the association's management committee are included.				
	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? 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 Ves (If Yes, please attach details)				
	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.				
	Note : If you do not know the details of your Food Safety Supervisor(s) at this time, do not complete this section.				
NOMINATION OF FOOD SAFETY SUPERVISOR	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.				
You may nominate more	Food Safety Supervisor details				
than one Food Safety Supervisor.	Name				
	Address				
	Business hours contact no				



	For all applications – (required)					
	Full explanation of selected box/es in the Suitability of p	person to hold a licence section (if applicable).				
	Completed Credit Application Form (CCS-RE-02)					
	For fixed premises -					
	Two (2) copies of a Site Plan, drawn to scale not less waste storage, car parking, staff and public toilet facilitie					
	Two (2) copies of a Floor Plan, drawn to scale not le equipment, fixtures and fittings in a bird's eye view (lool					
ATTACHMENTS Please attach relevant plans when - applying for a new licence altering an existing premises changing the location of the food premises adding a food vehicle to the license.	Sink details should be provided, including the type of si basin, or cleaner's sink), and the dimensions (or the s also indicate the type of materials and finished used ceilings (such as stainless steel or laminated work be paint and ceramic tiled floor with epoxy grouting).	nk (single bow, double bowl, triple bowl, was hand ize and depth of the sink). The floor plan should on equipment, fixtures, fittings, floors, walls and				
	walls of the premises and should indicate the height of	Two (2) copies of 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, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable).				
		Two (2) copies of Hydraulic plan (plumbing and drainage plan), drawn to scale of not less than 1:50, showing the location of water and sewerage pipes and connection types, tundishes and grease traps.				
	Two (2) copies of a Mechanical Exhaust Ventilation mechanical exhaust systems are to be installed.	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.				
	For alterations to an existing premise, please also attach an explanation of the nature of the alterations.					
	For mobile premises (excluding domestic water carriers) -					
	Two (2) copies of a Transport Vehicle Plan, drawn to scale of not less than 1:50, showing details of the layout (plan and elevation where relevant) of all the equipment, fixtures and fittings and the types of materials used.					
	For domestic water carriers -					
	Details of the material the tank is constructed from including – a. Details of the interior surface of the tank; or					
		b. The type and manufacturer of any synthetic liner used in the tank.				
		Details on the water piping type and that they are suitable for the purpose.				
	 The source and location from which the water will be obtained and to where it will be supplied. A recognized plumber with qualifications in Backflow Endorsement Certificate must provide certification 					
	under AS3500.1-2003 that the tank/s and fittings have complying backflow prevention equipment.					
DECLARATION	I declare the information provided in this application to b	e true and correct.				
APPLICANT ONE	Signature	Date / /				
APPLICANT TWO	I declare the information provided in this application to be true and correct.					
	Signature	Date / /				
	Please note: This application form must be completed and signed and lodged with Council along with the prescribed fee					
OFFICE USE ONLY	Date Received:	Application Checked: YES NO				
	Fee (\$):	Taken By:				
	Receipt No:	Other:				
	Subject: FID2666					
Banana Shire Council is colle	cting your personal information to process your application. The	he information will not be disclosed to any other				

person or agency external to council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the *Information Privacy Act 2009*

