

<b>APPLICATION FOR A FOOD BUSINESS LICENCE AMENDMENT</b> <i>Food Act 2006</i>														
<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>Fees and charges are available on Council website at <a href="http://www.banana.qld.gov.au">www.banana.qld.gov.au</a> or by contacting our Customer Service on (07) 4992 9500.</p> <p style="text-align: center;"><b>Conditions may be imposed on the licence as considered appropriate by Council</b></p> <p>Amendment of a Food Business Licence includes change of licensee or changing details of an existing licence excluding structural changes. (Fee applies)</p>														
<p><b>LICENCEE / APPLICANT DETAILS</b></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><b>APPLICANT 1</b></p>													
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Corporation name:</td> <td>ACN:</td> </tr> <tr> <td>Name:</td> <td>Position:</td> </tr> </table>	Corporation name:	ACN:	Name:	Position:									
	Corporation name:	ACN:												
	Name:	Position:												
	<p><b>OR</b></p>													
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)													
	Family name													
	Given names													
	<p><b>APPLICANT 2</b></p>													
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)													
Family name														
Given names														
<p>Postal address for delivery of correspondence associated with this licence.</p>	Postal address													
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Locality / Suburb</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Postcode</td> </tr> <tr> <td>Phone Number</td> <td colspan="2">Mobile Number</td> </tr> <tr> <td>Fax Number</td> <td colspan="2">Email</td> </tr> </table>	Locality / Suburb	State	Postcode	Phone Number	Mobile Number		Fax Number	Email					
	Locality / Suburb	State	Postcode											
	Phone Number	Mobile Number												
	Fax Number	Email												
	<p><b>BUSINESS / TRADING DETAILS</b></p>													
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Trading name</td> <td style="width: 40%;">ABN <input type="text"/></td> </tr> <tr> <td>Lot no.</td> <td>Reg. plan no.      Parish</td> </tr> <tr> <td colspan="2">Street address of business</td> </tr> <tr> <td>Phone Number</td> <td>Mobile Number</td> </tr> <tr> <td>Fax Number</td> <td>Email</td> </tr> <tr> <td colspan="2">Description of food business (e.g. café, restaurant, cannery, etc)</td> </tr> <tr> <td colspan="2">Does your business involve any off-site catering      <input type="checkbox"/> Yes      <input type="checkbox"/> No</td> </tr> </table>	Trading name	ABN <input type="text"/>	Lot no.	Reg. plan no.      Parish	Street address of business		Phone Number	Mobile Number	Fax Number	Email	Description of food business (e.g. café, restaurant, cannery, etc)		Does your business involve any off-site catering <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trading name	ABN <input type="text"/>													
Lot no.	Reg. plan no.      Parish													
Street address of business														
Phone Number	Mobile Number													
Fax Number	Email													
Description of food business (e.g. café, restaurant, cannery, etc)														
Does your business involve any off-site catering <input type="checkbox"/> Yes <input type="checkbox"/> No														
<p><b>CONTACT DETAILS</b></p>														
<input type="checkbox"/> Business <input type="checkbox"/> Private														
Contact person														
Postal address														
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Locality / Suburb</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Postcode</td> </tr> <tr> <td>Phone Number</td> <td colspan="2">Mobile Number</td> </tr> <tr> <td>Fax Number</td> <td colspan="2">Email</td> </tr> </table>	Locality / Suburb	State	Postcode	Phone Number	Mobile Number		Fax Number	Email						
Locality / Suburb	State	Postcode												
Phone Number	Mobile Number													
Fax Number	Email													

<b>VEHICLE DETAILS</b>	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 <span style="float: right;">Reg no.</span>
<b>SUITABILITY OF PERSON TO HOLD A LICENCE</b>  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)
<b>NOMINATION OF FOOD SAFETY SUPERVISOR</b>  You may nominate more than one Food Safety Supervisor.	<b>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.</b>
	<b>Note:</b> 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) <b>and copies of their certificates</b> within thirty (30) days of receiving your licence.
	Food Safety Supervisor details
	Name
	Address
<b>AUTHORISATION OF CHANGE OF LICENCE HOLDER</b>  This section must be completed by the current license holder, if there is a change of license holder.	<b>Note:</b> As the existing Food Business Licence holder you are required to authorise the change to licence details that the new business operator/owner/s wish to make. I/We, the current food business licence holder/s authorize the change of the licence as detailed above.
	Former Business Trading Name (If different to this application):
	Name:
	Signature:
<b>ATTACHMENTS</b>	<b>For all applications – (required)</b>
	<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)

<b>DECLARATION</b>	<i>I declare the information provided in this application to be true and correct.</i>	
	Signature	Date / /
<b>APPLICANT ONE</b>	<i>I declare the information provided in this application to be true and correct.</i>	
	Signature	Date / /
<b>APPLICANT TWO</b>	<b>Please note: This application form must be completed and signed and lodged with Council along with the prescribed fee</b>	
<b>OFFICE USE ONLY</b>	Date Received:	Application Checked: YES NO
	Fee (\$):	Taken By:
	Receipt No:	Other:
	Subject: FID2666	
<p>Banana Shire Council is collecting your personal information to process your application. The 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 <i>Information Privacy Act 2009</i></p>		



**IMPROVE YOUR BUSINESS**

Access free on-line food safety training  
 Visit: [www.banana.imalert.com.au](http://www.banana.imalert.com.au)