

Application for Trade Waste Approval

Supplementary Form A

Food service and/or preparation

Council is collecting your personal information for the purposes as outlined on this form. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009*. Visit bundaberg.qld.gov.au/privacy for further information.

1. Please provide the following details:

Property address (including shop/tenancy no) where trade waste will, or may potentially be, discharged:

Trading name of the business/organisation:

2. Please select most appropriate options:

Which most closely describes your business/organisation?

<input type="radio"/> Restaurant	<input type="radio"/> Takeaway	<input type="radio"/> Café	<input type="radio"/> Coffee shop	<input type="radio"/> Bakery
<input type="radio"/> Butcher	<input type="radio"/> Caterer	<input type="radio"/> Hotel/Pub	<input type="radio"/> Delicatessen	<input type="radio"/> Canteen/tuckshop
<input type="radio"/> Aged care	<input type="radio"/> Child care	<input type="radio"/> Supermarket	<input type="radio"/> Home based business	
<input type="radio"/> Other (please describe):				

Which most closely describes the typical activities for the business?

Food preparation (please tick)

 No cooking
Raw whole foods
Pre-packaged food
Assembling from raw food or food prepared elsewhere

 Steaming, boiling, microwaving, grilling
Baking
Butchery
Delicatessen

 BBQ, frying, deep frying, grilling, roasting meat
Poultry cookers/combi ovens/bratt pan

Products (please tick)

 Fresh fruit
Vegetables
Sandwiches, rolls
Fresh snack food

 Fresh meat and smallgoods
Low fat (or oil) food & meals
Pizza
Coffee, hot & cold drinks

 High fat (or oil) food and meals
High fat & oil content stocks, bases and sauces
Dairy based foods

Note: Providing us with a copy of the menu will help to support your application.



Serving (please tick)

Predominantly takeaway

Both eat in and takeaway in similar proportions

Predominantly eat in

3. Please provide the following details about your business:

Where applicable, what is, or will be, the maximum seating capacity of the business: _____

Where applicable, what is, or will be, the average no of meals served per day: _____

Where water is retained and/or shipped in product, please estimate approx. litres daily: _____

Please confirm how many of the following fixtures are installed or proposed at your business:

- | | | |
|---|--|---|
| <input type="checkbox"/> Single sink | <input type="checkbox"/> Double sink | <input type="checkbox"/> Pot sink |
| <input type="checkbox"/> Cleaner's sink | <input type="checkbox"/> Hand basin | <input type="checkbox"/> Floor waste |
| <input type="checkbox"/> Bain marie | <input type="checkbox"/> Glass washer | <input type="checkbox"/> Combi oven |
| <input type="checkbox"/> Bratt pan | <input type="checkbox"/> Under bench dishwasher | <input type="checkbox"/> Commercial dishwasher (door) |
| <input type="checkbox"/> Commercial dishwasher (conveyor) | <input type="checkbox"/> Water-cooled wok (# of burners) | <input type="checkbox"/> Waterless wok (# of burners) |
| <input type="checkbox"/> Other: | | |

4. Please provide the following details about your pre-treatment device:

Is there, or will there be, a grease trap or other device installed at the property? Yes No

If yes, please complete the rest of Question 4 (if you have more than one device, please copy this page & complete one for each).

Type of device (i.e. passive grease arrestor, grease skimmer unit etc.):

Size: litres Is the device shared with any other tenancies? Yes No

Please provide a detailed description of where the device/s is/are located and attach hydraulic drawings or detailed sketch of the site.

How often is, or will, the grease trap/device be emptied/serviced?

Last service date of grease trap/device:

Name of contractor for grease trap/device:

Hydraulic plans or a detailed sketch clearly indicating trade waste drainage and fixtures must accompany this application. Please attach any other supporting information to this document.

This information has been provided by me to the best of my knowledge and I understand that this information may be used as part of the assessment for trade waste approval for the above mentioned premises.

Signed:

Name:

Date:

