

# Application for Trade Waste Approval

## Supplementary Form A

### Food service and/or preparation

**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)

<input type="radio"/> No cooking Raw whole foods Pre-packaged food Assembling from raw food or food prepared elsewhere	<input type="radio"/> Steaming, boiling, microwaving, grilling Baking Butchery Delicatessen	<input type="radio"/> BBQ, frying, deep frying, grilling, roasting meat Poultry cookers/combi ovens/bratt pan
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Products (please tick)

<input type="radio"/> Fresh fruit Vegetables Sandwiches, rolls Fresh snack food	<input type="radio"/> Fresh meat and smallgoods Low fat (or oil) food & meals Pizza Coffee, hot & cold drinks	<input type="radio"/> High fat (or oil) food and meals High fat & oil content stocks, bases and sauces Dairy based foods
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Serving (please tick)

<input type="radio"/> Predominantly takeaway	<input type="radio"/> Both eat in and takeaway in similar proportions	<input type="radio"/> Predominantly eat in
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Note: Providing us with a copy of the menu will help to support your application.

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### 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:
<input type="text"/>	<input type="text"/>
	Date:
	<input type="text"/>

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