

# ENVIRONMENTAL HEALTH SERVICES

## Food Licence Application – Temporary Food Licence

*Food Act 2006*

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. Council is required to collect this information under the *Food Act 2006*. 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 <https://www.bundaberg.qld.gov.au/privacy> for further information.

**This form must be submitted with the relevant fee five (5) business days before the event to allow for processing. Applications that are incomplete will not be accepted.**

### PART A Applicant Details

**1 Applicant**

Individual's full name

Title	Surname/Family Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or

Organisation's full name *Organisation applying to be the new licensee New Business Pty Ltd*

**2 Business/Trading Name**

**3 ABN or ACN**

**4 Residential Address**

Shop No.	Street No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5 Postal address**

**6 Business details**

Business phone number	Business fax number	Business mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

**7 Preferred Contact Person's Detail**

Name

Business phone number	Business fax number	Business mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

**8 Does the applicant hold any food licences with any other Local Government?**

No

Yes → Please indicated which local government areas and licence number if applicable

## PART B Event Details

**1 Name of Event**

**2 Event Organiser**

**3 Date(s)/Approximate Dates of Event**

**4 Operating Times of Event**

**5 Location of Event**

Name of Shop/Property/Park

Shop No.

Street No.

Street

Suburb

Postcode






## PART C Stall Information

**1 Is ALL food being prepared within the stall?**

Yes

No → If no, please provide name, address and food licence of the licensed premises

  


**2 List all foods that will be used/sold**

  
  
  
  


**3 Stall makeup/construction (please tick)**

Floor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic	<input type="checkbox"/> Tarpaulin	<input type="checkbox"/> Other (provide details)
Ceiling	<input type="checkbox"/> Tarpaulin	<input type="checkbox"/> Marquee	<input type="checkbox"/> Other (provide details)	
Walls	<input type="checkbox"/> Tarpaulin	<input type="checkbox"/> Tent	<input type="checkbox"/> Other (provide details)	

**4 Method of transportation of food**

Private vehicle → Details of Vehicle - Registration Number, Make & Model

Delivered on site by supplier

**5 Utensils**

- Single Use
- Packaged
- Not applicable
- Other → Please provide details


**6 Cold food storage** *(how are you going to keep cold food at <5°C)*

- Esky with ice
- Refrigerator
- Other → Please provide details


**7 Hot food storage** *(how are you going to keep hot food at >60°C)*

- Insulated boxes
- Bain Marie
- Other → Please provide details


**8 Washing facilities**

Hand washing *(soap type/drying method etc)*

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Equipment washing *(detergent/sanitizers used etc)*

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Sullage disposal details *(how and where etc)*

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Water sources

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**9 Garbage and waste disposal**

Method of storage of waste *(stall rubbish and outside for customer rubbish)*

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Method of disposal of waste

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**10 Temperature Control**

- Digital probe thermometer
- Infra-red
- Other → Please provide details


## PART D Food Safety Supervisor

### 1 Nominated Food Safety Supervisor

If an applicant does not know the details of the Food Safety Supervisor(s) at the time of application, do not complete this section. This will not effect the decision made on your application. However, you must provide details of your Food Safety Supervisor (s) within 14 days of receiving the licence.

Food Safety Supervisor One (1) Name

Business phone number

Business fax number

Business mobile No.

Food Safety Supervisor Two (2) Name

Business phone number

Business fax number

Business mobile No.

**NB:** A certified copy of the statement of attainment for Food Safety Supervisor qualifications must be provided to Council.

## PART E Skills and Knowledge

- 1 Please provide details of the skills and knowledge the applicant(s) has to sell safe and suitable food. Alternatively, provide details for the person this service to the applicant e.g. Manager


## PART F Checklist

### 1 Completion checklist *Required with this application*

	Applicant	Health
1. Completed and signed application form with prescribed fee	<input type="checkbox"/>	<input type="checkbox"/>
2. Food Safety Supervisor's Statement of Attainment	<input type="checkbox"/>	<input type="checkbox"/>
3. Food menu	<input type="checkbox"/>	<input type="checkbox"/>
4. Two (2) copies of each of the following plans Plans must be to scale and comply with Food Safety Standards 3.2.3		
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan	<input type="checkbox"/>	<input type="checkbox"/>

## PART G Declaration & Signature

### 1 Has the applicant(s) had a licence suspended or cancelled under any food legislation

- No  
 Yes → Please attach details

### 2 Has the applicant(s) ever been refused a licence under any food legislation?

If the applicant is a corporation or an incorporated association, an executive officer of the corporations or a member of the association's management committee are included

- No  
 Yes → Please attach details

### 3 Applicant declaration and signature

I/we hereby make application for a food licence - temporary under the *Food Act 2006* as set out in this form.

I/we understand that the information provided in and with this renewal application, may be disclosed publicly under the *Right to Information Act 2009* and *Information Privacy Act 2009* as amended from time to time or if repealed then their substitutes.

I am aware that it is an offence to knowingly provide false or misleading information.

Name of Signatory

Position of Signatory e.g. Owner, Manager

Signature and date

 / /20 .

## APPLICATION LODGEMENT:

Applications may be lodged as follows:

- By Email: [ceo@bundaberg.qld.gov.au](mailto:ceo@bundaberg.qld.gov.au) – scanned copy with signatures only  
 By Post: Mail to Bundaberg Regional Council, PO Box 3130, Bundaberg QLD 4670  
 By Fax: 07 4150 5410 – with signatures only  
 In person: At your local Customer Service Centre between 8:15 am and 4:45 pm Monday to Friday
- Bundaberg Administration Centre, 190 Bourbong Street, Bundaberg
  - Bargara Service Centre, 160 Hughes Road, Bargara
  - Childers Service Centre, 45 Churchill Street, Childers
  - Gin Gin Service Centre, 4 Dear Street, Gin Gin

OFFICE USE ONLY			
Licence Number		Total Amount Payable	
Receipt Type	221	GL	10331.3201.1450
CUSTOMER SERVICE			
Receipt Number		Date Paid	
ENVIRONMENTAL HEALTH SERVICES			
Entered by C & E Admin			