

ENVIRONMENTAL HEALTH SERVICES

Food Licence Application – Amendment of Existing Food Premise

Food Act 2006 Section 74

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.

PART A Type of Application

1 Type of Amendment

- New Licensee **Complete Part A, B, C**
- Change in Food Business Details **Complete Part A & D**
- Minor Fit Out and/or change to Food Preparation Area <20% **Complete Part A, B & E**
- Major fit out and/or change to Food Preparation Area >20% **Complete Part A, B & E**
- Amendment of Food Safety Program – Minor **Complete Part A, B & F**
- Amendment of Food Safety Program – Major **Complete Part A, B & F**

PART B Existing Licence Holder

2 Food Licence Number

23.

3 Business/Trading Name

4 Food Business Type

- Fixed Food Premise
- Mobile Food Premise
- Temporary Food Premise

5 Premises Address Use official address of premises location

Unit No.	Street No.	Street	Suburb	Postcode

6 Current Licensee

Individual's full name

Title	Surname/Family Name	First Name	Middle Name

Or

Organisation's full name

7 Postal address

8 Business Details

Business phone number

Business fax number

Business Mobile No.

Email

PART C New Licensee

9 Applicant

Individual's full name

Title

Surname/Family Name

First Name

Middle Name

Or

Organisation's full name

10 ABN or ACN

11 Postal address

12 Business/Trading Name

13 Business Details

Business phone number

Business fax number

Business mobile No.

Email

Website

14 Preferred Contact Person's Details

Name

Business phone number

Business fax number

Business mobile No.

Email

15 Manager's Details

Name

Business phone number

Business fax number

Business mobile No.

Email

16 Skills & Knowledge - Questionnaire

Please provide details of the skills & knowledge the applicant(s) to sell safe and suitable food. Alternatively, provide details for the person providing the service on behalf of the applicant e.g. Manager

17 Are you required to submit a Food Safety Program? Yes No

If yes, two copies of the program must be submitted with this application, together with a 'notice of written advice' by a Queensland Health approved auditor. Please note that your application will **not** be further processed without receipt of this information.

Food Safety Program

Under the *Food Act 2006*, certain licensable businesses in Queensland must have an accredited Food Safety Program. These include food businesses that involve off-site catering, the primary activity in onsite catering at the premise or part of the premises stated in the licence is a private hospital under the *Private Health Facilities Act 1999*, or involves vulnerable population eg. childcare centre, aged care, nursing home or hospice.

18 Food Safety Supervisor

You must provide details of your Food Safety Supervisor. If you have any changes/additions to the Food Safety Supervisor please complete this section.

Food Safety Supervisor Name One (1)

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Business phone number

Business fax number

Business mobile No.

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Food Safety Supervisor Name Two (2)

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Business phone number

Business fax number

Business mobile No.

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Ensure a certified copy of the statement of attainment for Food Safety Supervisor qualifications is provided to Council.

19 Have any of the applicants been convicted for a breach of any food legislation?

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 Yes → Please attach details

20 Have any of the applicants previously held a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law that was suspended, cancelled or refused?

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 Yes → Please attach details

21 Have any of the applicants been refused a licence under the *Food Act 2006*, the *Food Act 1981* 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 Yes → Please attach details

22 Licensee Consent

I hereby apply for amendment to the Food Business Licence as detailed in this application.

Name One (1)

Position

Signature & Date

 / / 20

Name Two (2)

Position

Signature & Date

 / / 20

PART D Change to Food Business Details

23 Business/Trading Name

24 Business Details

Business Business phone number

Business fax number

Business mobile No.

Email

25 Food Transport Vehicle Details

Registration No

Make

Model

Colour

Name of Registered Vehicle Owner

Registration No.

Make

Model

Colour

Name of Registered Vehicle Owner

26 Preferred Contact Person's Details

Name

Business Business phone number

Business fax number

Business Mobile No.

Email

27 Manager's Details

Name

Business phone number

Business fax number

Business Mobile No.

Email

28 Licensee Consent

I hereby apply for amendment to the Food Business Licence as detailed in this application.

Name One (1)

Position

Signature & Date

 / / 20

Name Two (2)

Position

Signature & Date

 / / 20

PART E Minor or Major Fit out/Changes

29 Provide Details of Proposed Changes

30 Relevant Approvals

Please provide details of current or pending approval reference numbers for

Building Approval

Plumbing & Drainage Approval

Development Approval

Trade Waste Approval
25.

31 Completion Checklist *Required for this type of amendment*

1. Completed and signed application form with prescribed fee
2. Two (2) copies of each of the following plans
 Plans must be to scale and comply with Food Safety Standards 3.2.3
 The following details must be included in the plan
 - Details, position and size of all plumbing fixtures
 - Details, position and size of food preparation benches
 - Details, position and size of mechanical exhaust ventilation
 - Details of all surface finishes
 - Details of all joining methods
 - Details of materials and finishes on walls and ceilings

Applicant	Health
<input type="checkbox"/>	<input type="checkbox"/>

Site Plan

Floor Plan

Sectional Elevation Plan

Mechanical Exhaust Plan

Transport Vehicle

Premise Layout

3. Questionnaire – Skills & Knowledge (if required)

32 Licencee Consent

I hereby apply for amendment to the Food Business Licence as detailed in this application.

Name One (1)

Position

Signature & Date

 / / 20

Name Two (2)

Position

Signature & Date

 / / 20

PART F Amendment of Food Safety Program

33 Please tick the relevant box that identifies the reason an amendment is required

Amending a component of the Food Safety Program – food processes and handling

Amending name and/or contact details of other minor details

34 Please attach two (2) copies of the Food Safety Program. One copy is stamped and returned to you when it has been accredited.

35 Licencee Consent

I hereby apply for amendment to the Food Business Licence as detailed in this application.

Name One (1)

Position

Signature & Date

 / / 20

Name Two (2)

Position

Signature & Date

 / / 20

APPLICATION LODGEMENT:

Applications may be lodged as follows:

- By Email: 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	222	GL	10331.3201.1450
CUSTOMER SERVICE			
Receipt Number		Date Paid	
ENVIRONMENTAL HEALTH SERVICES			
C & E Admin			