

Temporary Food Business Licence Application

Food Act 2006

Please note separate applications are required for, outdoor dining conducted on a public place e.g. footpath

Applicant's Details:

Applicant's Name/s: <i>(Individual's Full Name (Company or Proprietor) i.e. the Licensee e.g. Robert Smith or Robert Smith Pty Ltd. Please Note: A trading name or trust cannot hold a licence.)</i>		
Business trading as:		
Site Address:		
Suburb:	State:	Postcode:
Business Phone:	Mobile:	
Email: <i>(Council's preferred method of contact is email)</i>		
Postal Address (if different):		
Suburb:	State:	Postcode:

Corporation Officeholder Details: (If applicable)

The Food Act 2006 requires a Corporation or Incorporated Association to provide the names of the directors or members of the management committee. Please attach a complete list of all directors or members of the management committee and registered office details of your organisation. Your application may be delayed or refused if this information is not attached.

Company Director/ Management committee members:		
<hr/>		
Corporation/Incorporation Association Nominated Address:		
Suburb:	State:	Postcode:
Email: <i>(Council's preferred method of contact is email)</i>		
Business Phone:	Mobile:	

Event Details:

If you would like to sell food that has been prepared in your home before transporting to the market or event (for example: baked goods, jams, chutneys etc), then your home kitchen must first be approved and licenced under the Food Act 2006.

Name of event:		
Food Stall Name: (If applicable)		
Event Organiser		
Phone:	Email:	
Location of event:		
Suburb:	State:	Postcode:
Dates of event:		

Stall Information:

Is all food being prepared within the stall?

☐ Yes

☐ No, if no, name and address of food licence of premises being used:

Name:		
Address:		
Suburb:	State:	Postcode:

Types of food/menu items:

Food Business Details:

Type of food premises or vehicle:

- | | |
|--|---|
| <input type="checkbox"/> Aged Care Facility (FSP required) | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Cater (on site/off site catering – FSP required) | <input type="checkbox"/> Café/Restaurant |
| <input type="checkbox"/> Mobile food vehicle (including Water Carriers) | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Bakery/pastry cook | <input type="checkbox"/> Food manufacturer/packer |
| <input type="checkbox"/> Childcare Centre (FSP required) | <input type="checkbox"/> Food Shop |
| <input type="checkbox"/> Takeaway food bar | <input type="checkbox"/> Food vending machine |
| <input type="checkbox"/> Not for profit organisation that sells meals
12 or more times per financial year | |

Food business activities carried out:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Cooking/treating (e.g. heating) | <input type="checkbox"/> Processing |
| <input type="checkbox"/> Handling | <input type="checkbox"/> Serving |
| <input type="checkbox"/> Packing | <input type="checkbox"/> Storing |
| <input type="checkbox"/> Preparation | <input type="checkbox"/> Supplying |
| <input type="checkbox"/> Other (please specify) | |

Food Safety Programs:

Some food businesses require a food safety program. If you are submitting a food safety program as part of this application, please indicate below and ensure the *additional fee* is included:

- ☐ Food Safety program attached *without* approved auditors written advice
- ☐ Food Safety program attached *with* approved auditors written advice

Food Handler Training:

Has the applicant undertaken food handler training?

- ☐ No - Provide details of proposed training: _____
- ☐ Yes – Provide details along with copies of any supporting documentation _____

Have the proposed staff undertaken food handler training?

- ☐ No - Provide details of proposed training: _____
- ☐ Yes – Provide details/copies of certificates (attach to application) _____

Mobile Food Vehicle Stalls:

Do you handle or prepare food in the vehicle? (Note: This does *not* include food transport e.g. pizza delivery vehicles)

- ☐ No
- ☐ Yes – Provide details of vehicles:

Vehicle Registration No: _____ Make and Model: _____

Vehicle Registration No: _____ Make and Model: _____

Vehicle Registration No: _____ Make and Model: _____

Amendment Application Details:

If this is an amendment application, please specify the nature of the change/s:

Certification

As the applicant, I make an application in accordance with the information provided. I am aware it is an offence to knowingly provide false and misleading information and declare:

- That the information supplied is correct to the best of my knowledge or that I could reasonably obtain.
- That I have never been convicted of an offence or had a licence refused, cancelled, or suspended under the *Food Act 2006, Food Act 1981, Food Hygiene Regulation 1989*, or other related legislation within Australia.

Full Name of Applicant: _____

Signature of Applicant: _____ Date ____/____/____

Full Name of Applicant: _____

Signature of Applicant: _____ Date ____/____/____

Privacy Collection Notice:

Balonne Shire Council is collecting your name, the name and location of your business in accordance with the Food Act 2006 in order to assess your application for a food licence. The information will only be accessed by employees and/or Councillors of Balonne Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission, or we are required or authorised by law to do so.

Office Use Only		
Doc ID:	Fee Paid:	Licence No.
Receipt No:	Date Received: ____/____/____	Receipting Officer: