



Application for a Food Business Licence

Fixed Premises Commercial – Fixed Premises Non-profit Organisation

Food Act 2006

2023/24

Please submit this application at least 30 days prior to your intended commencement date of trade to ensure your application is assessed and the premises inspected on time. For your application to be assessed you must:

- Complete all sections fully (unless otherwise stated);
- Enter N/A if the question does not apply, do not leave answers blank;
- Provide all supporting information referred to on this form (if insufficient space please attach); and submit with the relevant fee
- Ensure you have read Fixed Food Business Operation & Construction Guidelines prior to submitting this application.

NB. Incomplete applications may be refused/delayed and late applications may not be assessed by your intended commencement date.

1. What are you applying for?

New Licence <i>Complete all sections, except section 10</i>	<input type="checkbox"/>	Food Safety Program Accreditation <i>Complete sections 5, 6, 8 & 11</i>	<input type="checkbox"/>
Amendment to Licence <i>Complete all sections</i>	<input type="checkbox"/>	Food Safety Program Amendment <i>Complete sections 5,6,8,10 & 11</i>	<input type="checkbox"/>

2. What type of Food Business Licence are you applying for?

Fixed Commercial Premises <input type="checkbox"/>	Fixed Premises Non-profit Org. <input type="checkbox"/>	Shared Fixed Commercial Premises <input type="checkbox"/>
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3. Can you lawfully operate the intended food business from the premises in accordance with planning requirements?

Yes <input type="checkbox"/>	I have enquired with Council's Planning Approvals unit and I confirm I am lawfully able to operate the intended food business from the premises (please provide confirmation below): <input type="checkbox"/> Development Permit #: <input type="checkbox"/> Planning Advice (public reference ID):
No <input type="checkbox"/>	I have not enquired with Palm Island Aboriginal Shire Council's Planning Approvals unit and/or I am unsure if I am able to operate from the premises. (NB. Your application will be internally referred to the Planning Approvals team as part of the assessment and may delay assessment.)

4. Will you be operating from an Existing Food Premises?

Yes <input type="checkbox"/> Complete section 4A	No <input type="checkbox"/> Complete section 4B
4A.	<input type="checkbox"/> I am taking over a current, existing licensed food business and not making any changes <input type="checkbox"/> I am taking over a current, existing licensed food business and making changes (NB. Before proceeding further, complete an Application for Suitability of Premises Assessment and submit with this application) <input type="checkbox"/> I am sharing a kitchen with another licensed food business
4B.	<input type="checkbox"/> I am fitting out a new kitchen/amending my existing kitchen. (NB. Before proceeding further, complete an Application for Suitability of Premises Assessment and submit with this application)

5. Business details

Business Trading Name:			
Business Address:			Lot: Plan :
Proposed start date for new licensee:	____/____/____ Day Month Year	Hours of Operation: Include days and times	
Are you taking over an existing/previous Food Business: (ie: was there another food business in this location)	Yes <input type="checkbox"/> Complete below		No <input type="checkbox"/> Proceed to Section 6
	Previous trading Name:		
	Previous Licence Number:		
Last day of trade of previous licensee:	____/____/____ Day Month Year		
Existing licensee's declaration:(must be completed by the existing food licence holder, not the new applicant. If the existing food licence is held by a corporation or incorporated association, the person signing must occupy a position that permits them to sign this declaration on behalf of the corporation or incorporated association.	I declare that I am no longer the operator (licensee) of the above mentioned premises and wish to be removed as the licensee effective from (date) _____ I understand that I will need to surrender my food licence for these premises and my licence will be cancelled as part of this application process I wish to retain my food licence and amend it to another location (NB. You will need to submit an Amendment to Licence and return your existing licence) (NB. Time limits apply) Name of Signatory: _____ Signature: _____ Date: _____		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



6. Applicant Details

Who is making this application:	Individual/Partnership (if Partnership both names to be provided)	<input type="checkbox"/>		
	Corporation	<input type="checkbox"/>		
	Incorporated Association <u>with</u> poker machines	<input type="checkbox"/>		
	Incorporated Association <u>without</u> poker machines (please provide supporting documentation from ATO)	<input type="checkbox"/>		
	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Applicant Name (1): (if Individual or Partnership)	Given Name/s:		Family Name:	
	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Applicant Name (2): (if Individual or Partnership)	Given Name/s:		Family Name:	
Legal Entity Name: (Corporation/Incorporated Association)				
Trust Name: (if applicable) as trustee for				
Business Trading Name:				
ABN: (attach copy of ABN)				
Contact Name:				
Name of all Directors / Management Committee				
Contact Number:				
Contact Email (1):			<input type="checkbox"/> Tick to opt-in for postal notifications regarding future renewal notices / reminders	
Contact Email (2)				
Residential Address:				
Corporation Registered Address:				
Incorporated Association Nominated Address:				
Postal Address:				

7. Suitability Details

7A. Suitability of Applicant	
Has the applicant previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, including an executive officer of the corporation or member of the association's management committee, ever had a licence refused, suspended or cancelled, or been convicted of a relevant offence, other than a spent conviction, under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law: (if yes, please provide details as an attachment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7B. Food Safety Supervisor	
All licenced food businesses must have at least one Food Safety Supervisor and for non-profit organisations, a nominated food handler	
Name:	
Telephone Number:	
Skills and knowledge: Ensure supporting documentation such as copy of certificate/s are provided	Course Code: Date competency achieved:

8. About your Food Business

<p>8A.</p> <p>Select the type of food business will you be:</p> <p><i>(select the one that best describes your proposed food business)</i></p>	<input type="checkbox"/> Backpacker/Motel/Bed & Breakfast <input type="checkbox"/> Beverage manufacturer <input type="checkbox"/> Canteen <input type="checkbox"/> Convenience store <input type="checkbox"/> Food manufacturer <input type="checkbox"/> Food shop <input type="checkbox"/> Fruit & vegetable grocer <input type="checkbox"/> Ice creamery <input type="checkbox"/> Licensed bar <input type="checkbox"/> Sports club <input type="checkbox"/> Takeaway	<input type="checkbox"/> Bakery/Patisserie <input type="checkbox"/> Café <input type="checkbox"/> Coffee roaster <input type="checkbox"/> Cooking demonstrator <input type="checkbox"/> Food packer <input type="checkbox"/> Food wholesaler <input type="checkbox"/> Hotel <input type="checkbox"/> Juice Bar <input type="checkbox"/> Restaurant <input type="checkbox"/> Supermarket <input type="checkbox"/> Other <i>(describe)</i>
<p>Does your food business fall into one of the below categories:</p>	<input type="checkbox"/> Yes <i>(complete section 8B)</i>	<input type="checkbox"/> No <i>(proceed to section 8C)</i>
<p>8B.</p> <p>Businesses that require an accredited food safety program:</p> <p><i>(a food safety program and Notice of Written Advice from a QLD Health approved auditor MUST accompany this application)</i></p> <p>Further information is available at:</p> <p>https://www.qld.gov.au/health/staying-healthy/food-pantry/food-safety-programs-and-auditors</p>	<input type="checkbox"/> Aged Care Facility <input type="checkbox"/> On site caterer - primary activity for the premises <i>- means preparing and serving potentially hazardous food to all consumers of the food, at the premises from which the business is carried out, under an agreement whereby the food is of a predetermined type, number of persons, time and cost</i> <input type="checkbox"/> Off-site caterer <i>- means serving potentially hazardous food at a place other than the principle place of business. Please also include the make and model of each food transport vehicle used for the business including registration number if applicable</i> <input type="checkbox"/> Ready-to-eat food business processing ready to eat food that includes potentially hazardous food and is for service to at least six persons at a time <input type="checkbox"/> A facility that provides care, including palliative care, to persons with a terminal illness <input type="checkbox"/> A facility that is a centre based service licensed under the <i>Child Care Act 2002</i> (part 2), other than a school age care service under that Act	<input type="checkbox"/> Child Care <input type="checkbox"/> On site caterer - only part of the premises used <i>- means preparing and serving potentially hazardous food to more than 199 persons at the premises from which the business is carried out on more than 11 occasions in a 12-month period. The catering is under an agreement whereby the food is of a predetermined type, number of persons, time and cost</i> <input type="checkbox"/> Private hospital <input type="checkbox"/> Ready-to-eat food business processing ready to eat food for delivery that includes potentially hazardous food and is for service to at least six persons at a time <input type="checkbox"/> A facility that is a day hospital licensed under the <i>Private Health Facilities Act 1999</i> (part 6), that provides hemodialysis or cytotoxic infusion health services <input type="checkbox"/> A facility that is an approved education and care service under the Education and Care Services National Law (Queensland), other than: <i>- a family day care service under that Law</i> <i>- an education and care service under that Law providing education and care primarily to children who attend school in the preparatory year or a higher year</i>



8C. Types of food to be prepared and/or sold: <i>(attach menu if available)</i>			
What food related processes do you undertake: <i>(please select all that apply)</i>	<input type="checkbox"/> Atmospheric Packing <i>(eg: vacuum packing)</i>	<input type="checkbox"/> Cooking & selling for immediate consumption <i>(eg: dine in or takeaway)</i>	
	<input type="checkbox"/> Cooling	<input type="checkbox"/> Delivery/transport	
	<input type="checkbox"/> Juicing	<input type="checkbox"/> Manufacturing for wholesale <i>(NB. food recall system required)</i>	
	<input type="checkbox"/> Packing/Repacking food <i>(eg: dried spices)</i>	<input type="checkbox"/> Preparing food <i>(eg: chopping)</i>	
	<input type="checkbox"/> Roasting coffee beans	<input type="checkbox"/> Sous vide	
	<input type="checkbox"/> Toasting or reheating only of previously cooked food	<input type="checkbox"/> Washing food <i>(eg: fruit & vegetables)</i>	
	<input type="checkbox"/> Other <i>(describe)</i>		
How many areas are there where food is handled and stored <i>(eg: supermarkets, hotels may have multiple areas)</i> :			
How many people, including yourself, will work in the food business:			
Is this a shared kitchen:	<input type="checkbox"/> Yes <i>(provide written approval from primary licensee and property owner)</i>		<input type="checkbox"/> No <i>(proceed to section 9)</i>
	Trading name		Licence Number
	The primary licensee will need to submit an Amendment to Licence and return their existing licence to be amended.		
	Days used each week:		Hours used each week:
List all additional equipment you will use in the shared kitchen:			

9. Food Safety

Designated Hand wash basin 1	<input type="checkbox"/> Capacity in _____ Litres	<input type="checkbox"/> Paper towel	<input type="checkbox"/> Soap	<input type="checkbox"/> Bin
Designated Hand wash basin 2 (if only 1 mark N/A <input type="checkbox"/>)	<input type="checkbox"/> Capacity in _____ Litres	<input type="checkbox"/> Paper towel	<input type="checkbox"/> Soap	<input type="checkbox"/> Bin
Temperature monitoring:	<input type="checkbox"/> Probe Thermometer	<input type="checkbox"/> Records	<input type="checkbox"/> Not undertaken	
Provide details of cleaning & sanitising procedures, including the name of the food grade sanitiser you use:				
Describe how your processes will prevent the entry and/or harbourage of pests <i>(eg. cockroaches, insects and rodents)</i> :				
How often you will use a licensed pest controller:	<input type="checkbox"/> 3 monthly	<input type="checkbox"/> 6 monthly	<input type="checkbox"/> 12 monthly	<input type="checkbox"/> Other
Do you have processes and procedures for all of the food related activities of your food business:	<input type="checkbox"/> Fully documented	<input type="checkbox"/> Partially documented	<input type="checkbox"/> Not documented	
Do all food handlers have relevant training <i>(Relevant means relates to the type of food handling)</i> :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other	



10. Amendment to Licence

Applicant Name:	
Food Licence Number:	
Details of Amendment: (NB. You must return your licence with this amendment, a replacement licence will be issued. For Food Safety Program amendments, you may need to provide a Notice of Written Advice from an approved auditor)	

11. Applicant Declaration

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

I acknowledge I have read and understood the Fixed Food Business Operation and Construction Guidelines and the Final Inspection Checklist – fixed food premises : on the Palm Island Aboriginal Shire Council's website.

I acknowledge the application fee may not be refundable if assessment of the application has commenced. The application fee includes one inspection, any additional inspections may incur further fees.

I declare that information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

I am aware that it is an offence to knowingly provide false or misleading information. I am also aware that it is an offence to commence operating a food business without an approved food business licence.

☐ I have read and understood the above declaration.

Name of Individual / Organisation:	
Name of Signatory: <i>If applicant is an organisation</i>	
Position: <i>Proprietor, Director, Manager etc.</i>	
Signature:	
Date:	

Fee Schedule

All licences expire annually on **30 September**

Category A <i>Fixed premises for a one-off Temporary Event</i>	<input type="checkbox"/>	\$113
Category B <i>Minor Food Preparation/ Low Risk Food Business as determined by a CRC Environmental Health Officer</i>	<input type="checkbox"/>	\$398
Category C <i>Medium and High Risk Food Business</i>	<input type="checkbox"/>	\$710
Food Safety Program Accreditation <i>Notice of written advice from an approved auditor must accompany Food Safety Program</i>	<input type="checkbox"/>	\$398
Amendment to Licence or Food Safety Program		
Minor (<i>basic administrative step</i>)	<input type="checkbox"/>	Nil
Major (<i>requiring authorised officer inspection/assessment</i>)	<input type="checkbox"/>	50% of Application Fee

OFFICE USE ONLY

Fee:	Receipt No:	Date:	Officer Name:
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Palm Island Aboriginal Shire Council – Privacy Statement: Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Palm Island Aboriginal Shire Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.