



CASSOWARY COAST REGIONAL COUNCIL

HEALTH FORM 1

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APPLICATION FOR DESIGN APPROVAL TO CONSTRUCT A NEW FOOD PREMISES OR MAJOR REFIT OF EXISTING PREMISES FOOD ACT 2006

PLEASE NOTE: This FORM 1 is for the fit out of a new or substantial alteration to an existing food business premises. Once processed you will be given written conditional approval for the fit out. Please call for a final inspection once fit out is completed or during the fit out process if you have any queries.

A Food Business Licence Application (FORM 2) will be attached to the above fit out approval, this will also need to be completed and relevant fees paid. Following a suitable final inspection a Food Business Licence will be issued. Thereafter a renewal will be sent to you annually.

Exemptions: Market stalls and private homes not used for manufacturing food

Applicant / Owner Details (please print)

Step 4:
Name of
applicant/owner

Full Name of Applicant (Proprietor/s):

Step 2: Trading
name of
business

Name of Owner (if different from above):

Trading Name of Business:

Step 3:
Business address

Business Address:

.....

Applicant's Telephone:

Mobile / After Hours:

Owner's Telephone:

Mobile / After Hours:

Facsimile: Email:

Signature of Applicant:

Signature of Owner:

Class or Description of Business:

Vehicle Registration (if applicable):

Please Note:

The following pages of this application form must be completed where it applies to your construction, and at least **two (2) copies of specifications and drawings** showing plans and elevations to a scale no smaller than 1:100 must be supplied, and where necessary, further detailed drawings including sections sufficient in number and detail to effectively facilitate adequate assessment of the subject matter of the intended construction, renovation and fit-out of the premises.

Please complete **ALL** following sections that are applicable to your business. Insert N/A if the section or question does not apply.

Section A - To be completed by Town Planning Officer

Type of Business:

Zoning:

.....

Town Planning Officer:

Signature:

.....

Town Planning Application No.:

Date:

.....

Section B - To be completed by Building Surveyor

Current Building Classification:

Building Application Required: (please circle)

Yes

No

Building Surveyors Name:

Signature:

.....

Building Application Number:

Date:

Section C - Description of Materials / Finishes

Walls: (general)

(behind cooking equipment)

(splash backs)

Floors:

Coving:

Ceilings:

Floor to ceiling height: (mm) Internal window sills:

Lighting: **Recessed** Yes / No **Covers** Yes / No

Description:

.....

Benches: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Constructed of:

Cabinets: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Constructed of:

Appliances / Fixtures: (are they fitted with metal legs, wheels or on plinths – list if more than one)

.....
.....

Section D - Cooking Equipment (list all)

Appliance Description e.g. ovens, toaster, salamanders, microwaves, bain-maries, grillers, dishwasher etc.	Power Output	Under Exhaust Hood (Yes / No)

Section E - Mechanical Exhaust Ventilation System

Constructed / installed by:.....

Name:Phone:

Company:

Address:

.....

You are required to attach a certificate from the installer specifying that the mechanical exhaust canopy complies with *AS 1668.2-2002 The use of ventilation and air-conditioning in buildings, prior to final approval being issued.*

Section F - Temperature Control Appliances

Lighting: Yes / No Freezer Room: Yes / No

Hot Display: Yes / No Cold Display: Yes / No

Smorgasbord: Yes / No

Are all heating and chilling appliances fitted with a gauge indicating the operating temperature in an easily readable location? Yes / No

Section G - Insect Protection

Thermometer visible?: Yes / No

Glasswasher: Trade name: Model ID:

Manufacturer:

Name:

Address:

Washing and Rinsing:

Action Automatic Yes / No

Washes in one operation Yes / No

Rinse Details:

Water at 50C with 50mg/kg Sodium Hypochlorite Yes / No

Or, Water at 75C Yes / No

Other, please specify:

Water heater: Intergral / Separate

Thermometer visible?: Yes / No

Section J- Hot Water System

Type: Commercial Model No.:

Temperature of Water at point of use: C

Supplying water to:

Attach certification stating the system is adequate to supply continuous hot water at 75C at all points of use.

Section K- Operation and Amenities

Number of employees:

Dining: Yes / No

Toilet facilities for customers: Yes / No

Number of female toilets:

Number of male toilets:

Separate toilet facilities for staff: Yes / No

(Please Note: these toilets must comply with Building Services requirements)

Liquor Licence: Yes / No

BYO: Yes / No

Staff personal belongings storage – description (type and location of cupboard)

.....

Cleaning equipment storage – description (type and location of cupboard)

.....

Office / paperwork storage - description (type and location of cupboard)

.....

Section L - Declarations

I/We declare the above to be true and correct to the best of my/our knowledge.

.....
Signature of applicant Name (print) Date

.....
Signature of applicant's agent Name (print) Date

I/We declare as the owner/authorised agent for the owner give consent for the above mentioned person to establish or alter the food premise.

.....
Signature of applicant's agent Name (print) Date

ALL SECTIONS MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED WITHOUT DELAY

Prescribed Fee – 2020 / 2021

New business application + plan assessment

No Charge

The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with the *Information Privacy Act 2009* guidelines and is used only by Cassowary Coast Regional Council staff for the purpose of Environmental Health (Food) operational activities and functions and will not be disclosed unless required by law.