



PO Box 887, 70 Rankin Street  
 INNISFAIL QLD 4860  
 Ph: 1300 763 903  
 Email: [enquiries@cassowarycoast.qld.gov.au](mailto:enquiries@cassowarycoast.qld.gov.au)

<p><i>Food Act 2006</i></p>	<p align="center"><b>APPLICATION FOR FOOD BUSINESS LICENCE (New/ Renewal)</b></p> <p><b>To:</b> Chief Executive Officer, Cassowary Coast Regional Council</p> <p><b>THIS APPLICATION WILL BE CONSIDERED AND ASSESSED WHEN PAYMENT AND COMPLETED APPLICATIONS HAVE BEEN RECEIVED</b></p> <p><b>In order for your application to be assessed you must:</b>        Complete all relevant sections; provide all supporting information referred to on this form, and submit with the relevant fee.</p> <p><b>For New Premises Only</b></p> <ul style="list-style-type: none"> <li>It is recommended that you submit your completed application to be considered at least <b>30 days</b> prior to the proposed date on which the business is to be operated. and</li> <li>Two (2) copies of a Floor Plan, drawn to scale not less than 1:100, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises). You are required to submit the plans together with Health Form 1, application for Design approval to construct a new food premises or major refit of existing premises.</li> </ul>					
<p><b>Section 1</b></p> <p>Step 2:        Description – Who - Trading name/applicant name - Where - Proposed location of activity - What- Application for Food Business Licence</p>	<p><b>Food Application Type (Please submit a separate application form for each application applied for)</b></p> <p><b>Application is for :</b></p> <table border="1"> <tr> <td data-bbox="511 1318 982 1623">           New Food Licence            Restoration of Licence            Renewal of Licence            Market Stall            Amendment of Licence            (provide details of amendments in Section 7)         </td> <td data-bbox="982 1318 1047 1623"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </td> <td data-bbox="1047 1318 1477 1623">           Home Business for Markets            Mobile Food Business Licence            *Food Safety Program            *Amendment of Food Safety Program            (*must be accompanied with:            Auditors written advice stating food safety program complies with section 104 of the Act and an electronic copy AND a hard copy of Food Safety Program for accreditation/amendment)         </td> <td data-bbox="1477 1318 1547 1623"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </td> </tr> </table>		New Food Licence Restoration of Licence Renewal of Licence Market Stall Amendment of Licence (provide details of amendments in Section 7)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Home Business for Markets Mobile Food Business Licence *Food Safety Program *Amendment of Food Safety Program (*must be accompanied with: Auditors written advice stating food safety program complies with section 104 of the Act and an electronic copy AND a hard copy of Food Safety Program for accreditation/amendment)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<p><b>Section 2</b></p> <p>Step 4:        Associated Names – Applicant Name  <i>Under the Corporations (Queensland) Act 1991</i></p>	<p><b>Applicant/s Details</b></p> <p>Name/s of Applicant and Address (Individual or Company name in full)</p> <hr/> <p>Not-For-Profit Organisation <input type="checkbox"/> Yes – please attach supporting documentation from the ATO <input type="checkbox"/> NO</p> <p>Address of Individual/Company</p> <hr/> <p>ABN:</p> <p>ACN:</p>					

<i>Under the Associations Incorporated Management Act 1981</i>	For Incorporated Associations - please list names of President/Secretary	
	Registered office address for the Corporation/Company, or nominated address for non-profit organisations – where it is different to the above; or if this business is an Association – the address for the registered office:	
	Please provide the contact name (Manager or Owner) and contact information for this application:	
	Telephone:	Mobile:
	Email:	
	Food Business contact address:	
Postal address:		
<b>Section 3</b>	<b>Food Business Details</b>	
Step 3: Primary Property	Please identify the trading name of the business:	
	Please provide the location address of the food premises: (If applicable - include name of shopping centre, or if mobile vehicle/trailer, the address where it will be stored)	
	Have you contacted Council's Planning Department to ensure that you can lawfully operate from the premises?	
	<input type="checkbox"/> Yes – Please provide Development Approval Number or advice received. <input type="checkbox"/> No – Contact Council's Planning Department before proceeding further.	
	Are you operating from an existing food premises?	
	<input type="checkbox"/> Yes	Do you intend to make <b>any</b> alterations to the existing fit-out of the premises? <b>Yes</b> Complete Form 1-Application for Design Approval to Construct a new Food Premises or a Major Refit of Existing Premises <b>No</b> Continue to Section 4
	<input type="checkbox"/> No	New fit-out required complete Form 1-Application for Design Approval to Construct a New Food Premises or a Major Refit of Existing Premises
	Types of food to be prepared or sold (attach menu if available)	
Please provide Lot and Plan:		
Please provide the registration number of vehicle:		
<i>Real Property Description - refer to Rates Notice Applies to Mobile Food vehicles and off site catering transport vehicles only)</i>		

<p>Step 1: Module Code: Plus Primary Group: Food Primary Category: Select applicable</p>	<p><b>Please Tick which category/s below best describes your food business?</b></p>	
	<input type="checkbox"/> Aged care / Child Care Centre <i>(Have you attached an accredited Food Safety Program? Please Tick Yes <input type="checkbox"/> / No <input type="checkbox"/> )</i>	
	<input type="checkbox"/> On-site caterer <input type="checkbox"/> Off-site caterer	
	<input type="checkbox"/> Non-profit organisation serving meals more than 11 times per year	
	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Food Shop / Store
	<input type="checkbox"/> Home Kitchen	<input type="checkbox"/> Take Away Shop
	<input type="checkbox"/> Manufacturer / Packer	<input type="checkbox"/> Bakery
	<input type="checkbox"/> Mobile Food Vehicle	<input type="checkbox"/> Café / Restaurant
Registration No:		
What are your proposed days and hours of operation (e.g. 10 am – 10pm Monday – Friday)	<input type="checkbox"/> Caterer	
<p><b>Section 4</b></p>	<p><b>Nomination of Food Safety Supervisor (please print)</b></p>	
	<p>Who is your nominated Food Safety Supervisor?</p>	
	<p><i>All licenced food businesses must have a food safety supervisor. You are required by law to provide Council with the details of your food safety supervisor within thirty (30) days of your licence being issued.</i></p>	
	<p>Email / Address:</p>	
<p>Contact number:</p>		
<p>Please provide a list of the nominated Food Safety Supervisor's skills; Knowledge; courses; certificates', and experience.</p>		
<p> </p>		
<p><b>Section 5</b></p>	<p><b>Suitability of person to hold a food business licence</b></p>	
	<p>Do you have the appropriate skills and knowledge to sell safe and suitable food under the licence?</p>	
	<p><b>Please tick <input type="checkbox"/> Yes / <input type="checkbox"/> No</b>            Please provide copies of certificates or details of courses</p>	
	<p>Have any of the applicants been convicted for a breach of any food legislation?  <b>Please Tick Yes <input type="checkbox"/> / No <input type="checkbox"/></b></p>	
	<p><b><i>If the applicant is a corporation or an incorporated association, this includes an executive officer of the corporation or a member of the association's management committee.</i></b></p>	
<p>Have any of the applicants previously held a licence under the <i>Food Act 2006</i>, or a corresponding law that was suspended or cancelled?  <b>Please Tick Yes <input type="checkbox"/> / No <input type="checkbox"/></b></p>		
<p>Have any of the applicants been refused a licence under the <i>Food Act 2006</i>, or a corresponding law? <b>Please Tick Yes <input type="checkbox"/> / No <input type="checkbox"/></b></p>		

<b>Section 6</b>		<b>FEE SCHEDULE 2020-2021</b>			
		<b>The term of an annual licence fee applies from 1<sup>st</sup> October to 30<sup>th</sup> September each year.</b>			
			<b>Half Yearly Fees</b> <b>1<sup>st</sup> April</b> <b>30 September</b>	<b>Annual</b> <b>Renewal Fees</b> <b>1<sup>st</sup> October –</b> <b>30 September</b>	
Step 6: Charges – Select applicable category denoted in Step 5.	<b>CATEGORY 1</b> - Food preparation at home for markets (NPHF)	<input type="checkbox"/>	<b>\$ 95.50</b>	<input type="checkbox"/>	<b>\$191.00</b>
	<b>CATEGORY 2</b> - Low Risk (eg: juice bars)	<input type="checkbox"/>	<b>\$137.75</b>	<input type="checkbox"/>	<b>\$275.50</b>
	<b>CATEGORY 3</b> - Medium Risk (eg: café, Restaurant, T/A)	<input type="checkbox"/>	<b>\$186.00</b>	<input type="checkbox"/>	<b>\$372.00</b>
	<b>CATEGORY 4</b> - High Risk (eg: Child, Aged Care & Hospitals)	<input type="checkbox"/>	<b>\$239.00</b>	<input type="checkbox"/>	<b>\$478.00</b>
	<b>CATEGORY 5</b> - Premises with 2 or more food preparation areas (eg: supermarkets or resorts)	<input type="checkbox"/>	<b>\$451.00</b>	<input type="checkbox"/>	<b>\$902.00</b>
	<b>CATEGORY 7</b> – Water Carrier Permit (domestic)	<input type="checkbox"/>	<b>\$ 69.00</b>	<input type="checkbox"/>	<b>\$138.00</b>
	<b>ACCREDITATION OF A FOOD SAFETY PROGRAM</b>	<input type="checkbox"/>	<b>\$637.00</b>		
	<b>AMENDMENT OF A FOOD SAFETY PROGRAM</b>	<input type="checkbox"/>	<b>\$394.00</b>		
	<b>AMENDMENT OF FOOD LICENCE</b>	<input type="checkbox"/>	<b>No charge</b>		
	<b>DAMAGED GOODS CERTIFICATE – per hour</b>	<input type="checkbox"/>	<b>\$184.00 / Hour</b>		
	<b>REINSPECTION FEE FOR NON COMPLIANCE</b> - per event	<input type="checkbox"/>	<b>\$207.50 / Event</b>		
	<b>LATE FEE (Restoration of Food Licence)</b>	<input type="checkbox"/>	<b>\$138.00</b>		
<b>Section 7</b>	<b>Amendment Details</b> (please supply details of changes required to your existing licence)				
	Food Licence No:		Trading Name:		
	Address:				
<b>Section 8</b>	<b>Declaration</b>				
	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 declare that the 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.				
	Print Name:				
	Signature of Applicant:				
	Date:				
<b>Office Use</b>	Cashier Initials	Fee Paid	Date	Receipt Number	Application Number

The Cassowary Coast Regional Council respects your privacy. Your personal information has been collected for the purpose of assessing your Application for a Food Business Licence including New, Renewal, Restoration and Amendment. The collection of your information is authorised under the Food Act 2006. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the

# PAYMENT OPTIONS



## Payment By BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit or credit card or transaction account. For more information go to [www.bpay.com.au](http://www.bpay.com.au). Please quote **Biller Code 112698** and the **Payment Reference Number** - Please Note you require an Invoice



## Paying In Person

Payments can be made in person to:

Cassowary Coast Regional Council – Innisfail Office

70 Rankin Street, Innisfail

Monday to Friday 8:30 am to 4:30 pm

Cassowary Coast Regional Council - Tully Civic Centre

38-40 Bryant Street, Tully

Monday to Friday 8:30 am to 4:30 pm

Cassowary Coast Regional Council - Cardwell Office

2 Balliol Street, Cardwell

Monday to Friday 9:00 am to 4:00 pm (closed 1:00 pm to 2:00 pm each day)

Cash, Cheque, Debit or Credit Cards (Mastercard and Visa accepted)



## Payment By Mail

Detach the remittance advice found on the bottom of the first page and mail with your payment to:

Cassowary Coast Regional Council

PO Box 887

INNISFAIL QLD 4860

Cheque or Money Orders should be made payable to Cassowary Coast Regional Council and crossed 'Not Negotiable'. If a receipt is required then please tick 'Receipt Required' box within the Remittance Advice.