



CASSOWARY COAST REGIONAL COUNCIL

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Application for Temporary Food Business Licence

Temporary Premises - eg: Market Stalls

Food Act 2006

Please submit this application at least 30 days prior to your intended first event to ensure your application is assessed and the temporary premises are inspected in advance of the event. 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 Temporary Food Premises 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. Applicant Details

Who is making this application:	Individual/Partnership	<input type="checkbox"/>		
	Corporation	<input type="checkbox"/>		
	Incorporated Association <u>with</u> poker machines	<input type="checkbox"/>		
	Incorporated Association <u>without</u> poker machines (<i>please provide supporting documentation from ATO</i>)	<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/s:				
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:				

1. Event Details (List all proposed locations)

Venue	Address	Date	Time

2. Trading Details

Trading / Stall name	
List foods intended to be prepared and/or sold, or attach a menu:	

3. Origin of food

Will all of the food be prepared at the temporary food premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
For individuals or corporations where food is prepared at a premises other than the temporary food premises, please provide details below of licensed premises where food will be prepared. If this premises is outside the Cassowary Coast Regional Council a copy of the food licence must be provided.			
Name of premises:			
Licence number:			

4. 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: <i>(if yes, please provide details as an attachment)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4b. Food Safety Supervisor / Food Handler for Non-profit Organisation			
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: <i>Ensure supporting documentation such as copy of certificate/s are provided</i>	Course Code		
	Date competency achieved:		
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
Do you use temperature record templates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other

5. Stall Structure

Select type: <i>(ensure material is suitable for cleaning)</i>	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Tent	<input type="checkbox"/> Awning
	<input type="checkbox"/> Marquee	<input type="checkbox"/> Other <i>(please list)</i>	
Flooring:	Describe construction material of flooring:		
Ceiling:	Describe construction material of ceiling:		
	Describe construction material of walls:		

Walls:	How many walls:	
	How are they secured:	

6. Food Storage and Display			
Food storage during transportation:	<input type="checkbox"/> Esky	<input type="checkbox"/> Mobile Cold Room	<input type="checkbox"/> Non-temperature controlled containers
	<input type="checkbox"/> Refrigerator in vehicle	<input type="checkbox"/> Other <i>(please list)</i>	
Food storage within stall:	<input type="checkbox"/> Esky	<input type="checkbox"/> Mobile Cold Room	<input type="checkbox"/> Non-temperature controlled containers
	<input type="checkbox"/> Refrigerator in vehicle	<input type="checkbox"/> Other <i>(please list)</i>	
Food display:	<input type="checkbox"/> Hot Box	<input type="checkbox"/> Cold Display	<input type="checkbox"/> Cook to order
	<input type="checkbox"/> Pie Warmer	<input type="checkbox"/> Other <i>(please list)</i>	

6. Equipment Checklist			
Please tick which items you will be utilising and provide photographs with your application:			
<input type="checkbox"/>	Hand wash facilities <i>(minimum 20L & tap)</i>	<input type="checkbox"/>	Probe thermometer
<input type="checkbox"/>	Liquid Soap	<input type="checkbox"/>	Food grade sanitiser
<input type="checkbox"/>	Paper towel	<input type="checkbox"/>	Potable water supply
<input type="checkbox"/>	Utensil washing facility	<input type="checkbox"/>	Detergent
<input type="checkbox"/>	Spare utensils	<input type="checkbox"/>	Tea towels / cloths / wipes / sponges
<input type="checkbox"/>	Cooking equipment	<input type="checkbox"/>	Broom / dustpan / mop
<input type="checkbox"/>	Waste water disposal	<input type="checkbox"/>	Buckets / containers
<input type="checkbox"/>	Oil / fat disposal	<input type="checkbox"/>	Rubbish bins
<input type="checkbox"/>	First Aid Kit (with coloured band-aids)	<input type="checkbox"/>	Fire safety equipment
<input type="checkbox"/>	Electrical leads tagged and tested	<input type="checkbox"/>	Gas Bottles <i>(ensure sufficient airflow)</i>
<input type="checkbox"/>	Other <i>(please specify)</i> :		

7. Temporary Food Stall Design	
Provide a detailed floor plan of your stall set-up and photographs (if available) Clearly identify the layout and all equipment, eg: <i>tables, cooking equipment, cooler box, bain-marie, hand wash facility, money handling etc.</i>	

7. Amendment to Licence	
Applicant Name:	
Food Licence Number:	

Details of Amendment:			
8. Checklist before Submitting Application			
I have attached confirmation of my non-profit status from the ATO: <i>(if applicable)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
I have attached a copy of my menu: <i>(if applicable)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
I have attached a copy of the Food Business Licence where the food is prepared: <i>(if applicable)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
I have attached the photographs of the equipment I will be using:		<input type="checkbox"/> Yes	
I have completed the Temporary Food Stall Design under section 10:		<input type="checkbox"/> Yes	
8. Applicant Declaration			
<p>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.</p> <p>I acknowledge I have read and understood the Temporary Food Premises Guidelines and the Final Inspection Checklist on the Cassowary Coast Regional Council website.</p> <p>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.</p> <p>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.</p> <p>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 licence.</p> <p><input type="checkbox"/> I have read and understood the above declaration.</p>			
Name of Individual / Organisation:			
Name of Signatory: <i>If applicant is an organisation</i>			
Position: <i>Proprietor, Director, Manager etc.</i>			
Signature:			
Date:			
Prescribed Fees 2025-2026			
Category 4 – Temporary Food Business per event (only permitted at markets/events)		<input type="checkbox"/> \$118.50	
Category 5 – Temporary Food Business – Market Annual		<input type="checkbox"/> \$332.00	
Information Privacy Statement:			
<p>Cassowary Coast Regional Council is collecting your personal information in accordance with the Information Privacy Act 2009 (Qld), and other applicable laws. Your information is being collected for the purpose of processing your application and/or responding to your enquiry. It may be used by authorised Council officers and disclosed to other agencies or third parties where required or permitted by law. Providing this information is voluntary; however, if you do not supply the requested information, Council may be unable to provide the requested service. You have the right to access and amend your personal information held by Council, subject to legal constraints. For more information, please view Council's Privacy Policy on Council's website www.cassowarycoast.qld.gov.au</p>			
Payment options			
In person	You can pay via EFTPOS at the Customer Service Centres between 8:30am to 4:30pm Monday, Tuesday, Thursday & Friday; and 9:30am to 4:30pm on Wednesdays (excluding public holidays).		
By BPay	Please tick if you would like an invoice to be emailed so you can pay by BPay.		
OFFICE USE ONLY			
Fee:	Receipt No:	Date:	Officer Name: