



CASSOWARY COAST REGIONAL COUNCIL
PO Box 887
INNISFAIL QLD 4860
Ph: 1300 763 903
Email: enquiries@cassowarycoast.qld.gov.au

Mobile Food Licence Application

Mobile Food Vehicles and Vessels

Food Act 2006

Applicant details:

Note: the applicant is the person responsible for making the application. The applicant is responsible for ensuring the information provided on all Cassowary Coast Regional Council application forms is correct. Any approval that may be issued as a consequence of this application will be issued to the applicant. The applicant may be, for example, the driver of extraordinary traffic on a local government road.

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 Mobile Food Vehicle construction and operation 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	<input type="checkbox"/>	Complete all sections	Amendment to Licence	<input type="checkbox"/>	Complete all sections
-------------	--------------------------	-----------------------	----------------------	--------------------------	-----------------------

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

Mobile Premises – Motor Vehicle	<input type="checkbox"/>	Mobile Premises – Vessel	<input type="checkbox"/>	Food Vending Vehicle	<input type="checkbox"/>
---------------------------------	--------------------------	--------------------------	--------------------------	----------------------	--------------------------

3. 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/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:			
4. Suitability Details:			
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)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Food Safety Supervisor:			
All licensed 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 is provided)</i>	Course Code:		
	Date competency achieved:		
6. Are you taking over from an Existing Licensed Mobile Food Premises?:			
Yes <input type="checkbox"/> <i>Complete section 6A</i> No <input type="checkbox"/> <i>Complete section 6B</i>			
<div> <input type="checkbox"/> I am taking over an existing licensed mobile food business and not making any changes I am </div> <div> 6A <input type="checkbox"/> taking over an existing licensed mobile food business and making changes <i>(Before proceeding further, complete an Application for Suitability of Premises Assessment and submit with this application)</i> </div> <div> 6B <input type="checkbox"/> I am fitting out a new mobile food premises <i>(Before proceeding further, complete an Application for Suitability of Premises Assessment and submit with this application)</i> </div>			
7. Business Details:			
Business Trading Name:			
Vehicle/Vessel Details:	Registration:	Make:	
	Model:	Other Identifier:	
Proposed start date for new licence:	<div> <div></div> <div>/</div> <div></div> <div>/</div> <div></div> </div> <div> <div>Day</div> <div>Month</div> <div>Year</div> </div>		
Are you taking over an existing Food Business currently licensed in Qld?	Yes <input type="checkbox"/> <i>Complete below</i> No <input type="checkbox"/> <i>Proceed to Section 7</i>		
	Previous trading name:		
	Previous Licence Number:		
Last day of trade of previous licensee:	<div> <div></div> <div>/</div> <div></div> <div>/</div> <div></div> </div> <div> <div>Day</div> <div>Month</div> <div>Year</div> </div>		
Existing licensee's declaration:	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) _____		

<p><i>(must be completed by the existing food licence holder, not the new applicant)</i></p>			
	I wish to retain my food licence and amend it to another location	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name of Signatory:		
	Signature:		
Date:			

8. Food Preparation:

<p>Types of food to be prepared and/or sold: <i>(attach menu if available)</i></p>		
<p>What Food related processed do you undertake: <i>(please select all that apply)</i></p>	<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>	

9. Food Safety:

Designated Hand wash facilities:	<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 & sanitizing procedures, including the name of the food grade sanitizer you use:				
Do you have processes and procedures for all of the 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	
Provide details if you use any off site storage:				

10. Amendment to Licence:

Applicant Name:	
Food Licence Number:	

Details of amendment:	
-----------------------	--

11. Applicant Declaration:

If the application is made by a corporation, 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 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 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 license.

☐ 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:	

Prescribed Fees 2025-2026:

The term of annual food licence applies from 1st October to 30th September each year.

Pro Rata 6 months applicable from 1 April (ie: 50% for 1-6 months)

	Half Yearly Fees 1 Apr – 30 Sept	Annual Fees 1 Oct -30 Sept
Category 1 – Low Risk (eg: juice bars, home business, domestic water carrier)	<input type="checkbox"/> \$166.50	<input type="checkbox"/> \$333.00
Category 2 – Medium Risk (eg: café or restaurant)	<input type="checkbox"/> \$224.00	<input type="checkbox"/> \$448.00
Amendment of Food Licence	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge

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	<input type="checkbox"/> Please tick if you would like an invoice to be emailed so you can pay by BPay.

Information Privacy Statement:

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

OFFICE USE ONLY			
Fee:	Receipt No.:	Date:	Officer Name: