



CASSOWARY COAST REGIONAL COUNCIL

PO Box 887

INNISFAIL QLD 4860

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Application for a Food Business License

Fixed Premises Commercial – Fixed Premises Non-profit Organisation

Food Act 2006

Please submit this application at least 14 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.

What are you applying for?

<input type="checkbox"/> New License	<input type="checkbox"/> Food Safety Program Accreditation	<input type="checkbox"/> Renewal
<input type="checkbox"/> Amendment to License	<input type="checkbox"/> Food Safety Program Amendment	

What type of Food Business License are you applying for?

<input type="checkbox"/> Fixed Commercial Premises.	<input type="checkbox"/> Fixed Premises Non-Profit Org.	<input type="checkbox"/> Shared Fixed Premises
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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 Approval # <input type="text"/>
No <input type="checkbox"/>	I have not enquired with Council's Planning Approvals Unit as I am taking over an already operating food business. (NB: Your application will be internally referred to the Planning Approvals team as part of the assessment and may delay assessment.)

Business Details

Business Trading Name:			
Business Address:			
Proposed start date for new licensee:	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Year	Hours of Operation: Include days and times	
Property description: (Lot and Plan)	Lot No.	Plan No.	
Will you be operating from an existing food premises?	Yes <input type="checkbox"/> Complete section A & B. No <input type="checkbox"/> Complete section B only		
Food Business	A	<input type="checkbox"/> I am taking over an existing food business and not making any changes	

		<input type="checkbox"/> I am taking over an existing food business and changing the name <input type="checkbox"/> I am sharing a kitchen with another licensed food business	
	B	<input type="checkbox"/> I am fitting out a new kitchen/amending my existing kitchen. NB. Before proceeding further, complete an Application for Design Assessment (Fit out) New or Alteration.	
Previous Licence Number if Known:		Previous trading Name:	
Last day of trade of previous licensee:	<div> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> <div> Day Month Year </div>		
Existing licensee's declaration: <i>(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>	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.		<div> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> <div> Day Month Year </div>
	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:		
	<div> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> <div> Day Month Year </div>		
Is the property privately owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please provide property owner name & phone:
Is the property a dwelling unit or multi-residential?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the property in the Environmental Management and Conservation Zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.			
Who is making this application:	Individual/Partnership <input type="checkbox"/>		Complete section A
	Corporation <input type="checkbox"/>		Complete section B and <u>attach</u> name of Directors
A. Individual / Partnership			
Applicant's name:	Title	First name	Surname
Applicant's phone:			
Applicant's email:			

For companies: Business name		
ABN:		
Director name/s:		
Name of Agent / Contractor (If not the applicant)		
Contact number/s:		
Email address:		
Residential address:		
Postal address:		
B. Corporation / Incorporated Association		
Name:	Corporation / Incorporated Association	
Trust Name:	(If applicable) as Trustee for	
ABN:	(Attach copy of ABN)	
Contact Name:		
Contact Number/s:	Phone Number:	Mobile Number:
Contact Email:		
Corporation Registered Address:		
Incorporated Association Nominated Address:		
Postal Address: (if different to above)		
Suitability Details 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

Food Safety Supervisor

Please complete nominated Food Safety Supervisor below. All licensed food businesses must have at least one Food Safety Supervisor.

Name:	
Telephone Number:	
Email	
Skills and knowledge: <i>Provide details next to relevant option /s and attach any supporting documentation</i> <i>(e.g.: for Certificate- name of certificate Experience – Inc. Years and type etc</i>	<input type="checkbox"/> Certificate # _____ <input type="checkbox"/> Experience

A. About your Food Business

Select the type of food business will you be: <i>(Select the one that best describes your proposed food business)</i>	<input type="checkbox"/> Backpacker/Motel/Bed & Breakfast	<input type="checkbox"/> Bakery/Patisserie
	<input type="checkbox"/> Beverage manufacturer	<input type="checkbox"/> Café
	<input type="checkbox"/> Canteen	<input type="checkbox"/> Coffee roaster
	<input type="checkbox"/> Convenience store	<input type="checkbox"/> Cooking demonstrator
	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food packer
	<input type="checkbox"/> Food shop	<input type="checkbox"/> Food wholesaler
	<input type="checkbox"/> Fruit & vegetable grocer	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Ice creamery	<input type="checkbox"/> Juice Bar
	<input type="checkbox"/> Licensed bar	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Sports club	<input type="checkbox"/> Supermarket
	<input type="checkbox"/> Takeaway	<input type="checkbox"/> Other <i>(describe)</i>
Does your food business fall into one of the below categories:	<input type="checkbox"/> Yes <i>(complete section)</i> <input type="checkbox"/> No <i>(proceed to section C.)</i>	

B. About your Food Business

Businesses that require an accredited food safety program:	<input type="checkbox"/> Aged Care Facility	<input type="checkbox"/> Child Care
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	<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"/> 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"/> Off-site caterer <i>-means serving potentially hazardous food at a place other than the principal 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"/> Private hospital
	<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"/> 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 provides care, including palliative care, to persons with a terminal illness	<input type="checkbox"/> A facility that is a day hospital licensed under the <i>Private Health Facilities Act 1999</i> (part 6), that provides haemodialysis or cytotoxic infusion health services
	<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"/> 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>

C. About your Food Business

Types of food to be prepared and/or sold: (Attach menu if available)		
What food related processes do you undertake: (Please select all that apply)	<input type="checkbox"/> Atmospheric Packing (e.g.: vacuum packing)	<input type="checkbox"/> Cooking & selling for immediate consumption (e.g.: dine in or takeaway)
	<input type="checkbox"/> Cooling	<input type="checkbox"/> Delivery/transport
	<input type="checkbox"/> Juicing	<input type="checkbox"/> Manufacturing for wholesale (NB. food recall system required)
	<input type="checkbox"/> Packing/Repacking food (e.g.: dried spices)	<input type="checkbox"/> Preparing food (e.g.: chopping)
	<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 (e.g.: fruit & vegetables)
	<input type="checkbox"/> Other (describe)	

How many areas are there where food is handled and stored (e.g.: supermarkets, hotels may have multiple areas):		
How many people, including yourself, will work in the food business:		
Is this a shared kitchen:	<input type="checkbox"/> Yes (provide written approval from primary licensee and property owner)	<input type="checkbox"/> No (proceed to section 9)
	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:		

Food Safety

Designated Hand wash basin 1	Capacity in Litres: <input type="text"/>	Paper towel <input type="checkbox"/>	Soap <input type="checkbox"/>	Bin <input type="checkbox"/>
Designated Hand wash basin 2 - if only 1 mark N/A <input type="checkbox"/>	Capacity in Litres: <input type="text"/>	Paper towel <input type="checkbox"/>	Soap <input type="checkbox"/>	Bin <input type="checkbox"/>
Temperature monitoring:	<input type="checkbox"/> Probe and IR 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 (e.g. cockroaches, insects and rodents):				
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 the food related activities of your food business:	<input type="checkbox"/> Fully documented	<input type="checkbox"/> Partially documented	<input type="checkbox"/> Not documented	

Amendment to Licence	
Applicant Name:	
Food Licence Number:	
Details of Amendment: <i>(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)</i>	

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 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 regard 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 food business licence.</p>	
<input type="checkbox"/> 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 The term of an annual food business licence applies from 1 st October to 30 th 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 – Food preparation at home for markets (NPHF)	<input type="checkbox"/> \$107.00	<input type="checkbox"/> \$214.00
Category 2 – Low risk (e.g. juice bars) <i>Minor Food Preparation/ Low Risk Food Business</i>	<input type="checkbox"/> \$154.50	<input type="checkbox"/> \$309.00
Category 3 – Medium Risk (e.g. café, restaurant)	<input type="checkbox"/> \$208.50	<input type="checkbox"/> \$417.00
Category 4 – High risk (e.g. Child, aged care & hospitals)	<input type="checkbox"/> \$268.00	<input type="checkbox"/> \$536.00
Category 5 – Premises with 2+ food prep areas (e.g. supermarkets or resorts)	<input type="checkbox"/> \$505.00	<input type="checkbox"/> \$1010.00
Category 7 – Water carrier permit (domestic)	<input type="checkbox"/> \$80.50	<input type="checkbox"/> \$161.00
Food Safety Program Accreditation <i>Notice of written advice from an approved auditor must accompany Food Safety Program</i>	<input type="checkbox"/> \$713.00	
Amendment to Licence or Food Safety Program	<input type="checkbox"/> \$442.00	

OFFICE USE ONLY Receipt Type			
Fee:	Receipt No:	Date:	Officer Name:
Cassowary Coast Regional 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 <i>Local Government Act 2009</i> . You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the <i>Information Privacy Act 2009</i> 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.			

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.

OFFICE USE	
Application Number:	

The Council may, by written notice, request the applicant to provide further reasonable information or clarification of information, documents or materials to be included in the application. Council may require an application to include site plans, management plans, relevant consents, evidence of public liability insurance etc. Please note an application to Council may require approvals under another Act, for example in relation to development, building, liquor carriage of goods and business licensing etc. Should the applicant not provide information, documents or materials to be included in the application, the application may lapse. See Section 7 *Cassowary Coast Regional Council Local Law No 1 (Administration) 2022*.

Information Privacy Statement:

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