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

Application for Design Assessment (fit out) – New or Alteration

Food Act 2006

Please submit this application at least **30 days prior** to commencing fit out to ensure your application is assessed and the premises inspected on time. For your application to be assessed you must:

- Complete all sections fully;
- Enter N/A if question does not apply;
- Provide all supporting information incl plans & fees
- Ensure you have read Food Business Operation & Construction Guidelines

SECTION 1
APPLICANT / OWNER DETAILS:

Applicant full name:			
Applicant postal address:			
Applicant phone:		**Applicant email:**	
Who is making application:	☐ Individual	☐ Corporation	
Contact person name:		**Contact person phone:**	
Trading name of business:			
Business Address:			
Description of Business:			
Vehicle Registration: *(if applicable)*			

SECTION 2
PLANS:

Plans are required to be drawn to a scale not less than 1:100 and must be attached to this application

- Site plan - including car parking, refuse storage area, adjacent land uses and toilet facilities.
- Floor plan .
- Sectional elevation drawings - showing all fittings and equipment.
- Hydraulic plans (plumbing details) .
- Mechanical exhaust ventilation drawings (i.e. plans, elevation and schematic diagrams, where applicable)

Site plan attached: 📎	☐ Yes	☐ No – application may be rejected

SECTION 3
DESCRIPTION OF MATERIALS / FINISHES:

Walls – general:	
Walls – behind cooking equipment:	
Walls – splash backs:	
Floors:	
Coving:	
Ceilings:	
Floor to ceiling height: *(mm)*	

Internal window sills:	
Lighting – recessed:	☐ Yes ☐ No
Lighting – covers:	☐ Yes ☐ No
Lighting description:	
Benches – fixed:	☐ Yes ☐ No
Benches – castors:	☐ Yes ☐ No
Benches – legs:	☐ Yes ☐ No
Benches – constructed of:	
Cabinets – fixed:	☐ Yes ☐ No
Cabinets – castors:	☐ Yes ☐ No
Cabinets – legs:	☐ Yes ☐ No
Cabinets – constructed of:	
Appliances / Fixtures: *Are they fitted with metal legs, wheels or on plinths – list if more than one:*	

SECTION 4
COOKING EQUIPMENT: (list all)

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

SECTION 5 MECHANICAL EXHAUST VENTILATION SYSTEM:			
Following installation and testing you will be required to provide QBCC Form 15 and 16 from the installer or suitably qualified engineer specifying the mechanical ventilation complies with *AS 1668.2-2012 The use of ventilation and air-conditioning in buildings*, prior to a food business licence being issued.			
Company name:			
Contact name:		**Phone:**	
QBCC Licence No.:			
Contact address:			

SECTION 6 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 7 INSECT PROTECTION:	
Describe how the premises will be effectively protected from flies and other flying insects and vermin:	

SECTION 8
CLEANING FACILITIES:

Please note all plumbing work/alterations must have approval and be inspected by Plumbing Services prior to commencement of any work.

Type:	Facility available:	Number:	Size (litres):	Drainage area (mm)
Double bowl sink:	☐ Yes ☐ No			
Preparation sink:	☐ Yes ☐ No			
Pot sink:	☐ Yes ☐ No			
Grease trap:	☐ Yes ☐ No			
Floor wastes:	☐ Yes ☐ No			
Cleaners sink:	☐ Yes ☐ No			
Drop down grate:	☐ Yes ☐ No			
Splash backs supplied above all sinks/basins:	☐ Yes ☐ No			
Dishwasher:	☐ Yes ☐ No			
Glassware:	☐ Yes ☐ No			
Hand wash basin:	☐ Yes ☐ No			**Single spout:** ☐ Yes ☐ No
Hand wash basin – method of operation:				

SECTION 9 WASHING FACILITIES:				
DISHWASHER:				
Trade name:			**Model ID:**	
Manufacturer name:			**Manufacturer address:**	
Washing & rinsing - action automatic:	☐ Yes	☐ No	**Washing & rinsing - washes in 1 operation:**	☐ Yes ☐ No
Rinse details - water at 50c with 50mg/kg sodium hypochlorite:	☐ Yes	☐ No	**Rinse details - water at 75c:**	☐ Yes ☐ No
Other - please specify:				
Water heater:	☐ Yes	☐ No	**Thermometer visible:**	☐ Yes ☐ No
GLASSWASHER:				
Trade name:			**Model ID:**	
Manufacturer name:			**Manufacturer address:**	
Washing & rinsing - action automatic:	☐ Yes	☐ No	**Washing & rinsing - washes in 1 operation:**	☐ Yes ☐ No
Rinse details - water at 50c with 50mg/kg sodium hypochlorite:	☐ Yes	☐ No	**Rinse details - water at 75c:**	☐ Yes ☐ No
Other - please specify:				
Water heater:	☐ Yes	☐ No	**Thermometer visible:**	☐ Yes ☐ No

SECTION 10 HOT WATER SYSTEM:			
Type:		**Commercial model no.:**	
Temperature of water at point of use (c)	**Celsius:**		
Supplying water to:			
Attach certification stating the system is adequate to supply continuous hot water at 75C at all points of use.:	☐ Yes ☐ No – application may be rejected		

SECTION 11 OPERATION AND AMENITIES:			
Number of employees:			
Dining:	☐ Yes ☐ No		
Toilet facilities for customers:	☐ Yes ☐ No		
No. female toilets:		**No. male toilets:**	
Separate toilet facilities for staff:	☐ Yes ☐ No (Please Note: these toilets must comply with Building Services requirements)		
Liquor licence:	☐ Yes ☐ No		
BYO alcohol:	☐ Yes ☐ No		

Staff personal belongings storage description *(type & location of cupboard)*	
Cleaning equipment storage description *(type & location of cupboard)*	
Office / paperwork storage description *(type & location of cupboard)*	

SECTION 12 DECLARATIONS:			
I / we declare the above to be true and correct to the best of my / our knowledge:			
Name of applicant:		**Date:**	
Signature:			
Name of applicant's agent:		**Date:**	
Signature:			

APPLICATION FEE: New / Alteration Business Application + Plan Assessment:

Please refer to "*Regulatory Services - Schedule of fees and charges for permits and licences*" on Council's website.

Payment Options
note that payment can only be made after the application is received by Council

BPay:	☐ Please tick if you would like an invoice to be emailed so you can pay by BPay
In person:	☐ Payment by EFTPOS at Customer Service Centres
Via phone:	☐ Please tick if you would like to pay by credit card, and an officer will call you to take payment

Please return your completed application via one of:

By email: enquiries@cassowarycoast.qld.gov.au
By post: Cassowary Coast Regional Council, PO Box 887, Innisfail QLD 4860
In person: For Customer Service locations & office hours, visit: Contact Council | Cassowary Coast Regional Council or phone 1300 763 903

Cassowary Coast Regional Council – 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