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

Application for a Food Business Licence

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?:

☐ New Licence	☐ Food Safety Program Accreditation	☐ Renewal
☐ Amendment to Licence	☐ Food Safety Program Amendment	

What type of Food Business License are you applying for?:

☐ Fixed Commercial Premises	☐ Fixed Premises Non-Profit Organisation	☐ Shared Fixed Premises

Can you lawfully operate the intended food business from the premises in accordance with planning requirements?:

☐ Yes	I have enquired with Council's Planning Department, and I confirm I am lawfully able to operate the intended food business from the premises (please provide confirmation below):	
	Development Approval: #	
☐ No	I have not enquired with Council's Planning Department as I am taking over an already operating food business. ***NB: Your application will be internally referred to the Planning Department team as part of the assessment and may delay assessment.***	

Business Details:

Business Trading Name:		
Business Address:		
Proposed start date for new licensee:		
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 – complete section A & B *(below)* ☐ No – complete section B only *(below)*	
Section A:	☐ I am taking over an existing food business and not making any changes. ☐ I am taking over an existing food business and changing the name ☐ I am sharing a kitchen with another licensed food business	
Section B:	☐ 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: *(date)*		
Existing licensee's declaration: *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 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)*	
	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 ☐ No
	Name of Signatory:	
	Signature:	
	Date:	
Is the property privately owned?:	☐ Yes	☐ No - *please provide property owner name & phone below:*
Is the property a dwelling unit or multi-residential?:	☐ Yes	☐ No
Is the property in the Environmental Management and Conservation Zone?:	☐ Yes	☐ 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 – *complete section C*
	☐ Corporation – *complete section D and attach name of Directors*

Section C: Individual / Partnership:

Applicant's name:	**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:		

Section D: Corporation / Incorporated Association:	
Name: *Corporation / Incorporated Association*	
Trust Name: *(If applicable) as Trustee for*	
ABN: *(attach copy of ABN)*	
Contact Name:	
Contact Number/s:	
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 *Food Act 2006*, the *Food Act 1981* or a corresponding law:	☐ Yes ☐ 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: *Provide details next to relevant option /s and attach any supporting documentation*	☐ **Certificate: #** *Including name of certificate*	
	☐ **Experience:** *Including no years' experience*	

Type of Food Business:		
Select the type of food business you will operate as: *Select the option that best describes your proposed food business*	☐ Backpacker/Motel/Bed & Breakfast	☐ Bakery/Patisserie
	☐ Beverage manufacturer	☐ Café
	☐ Canteen	☐ Coffee roaster
	☐ Convenience store	☐ Cooking demonstrator
	☐ Food manufacturer	☐ Food packer
	☐ Food shop	☐ Food wholesaler
	☐ Fruit & vegetable grocer	☐ Hotel
	☐ Ice creamery	☐ Juice Bar
	☐ Licensed bar	☐ Restaurant
	☐ Sports club	☐ Supermarket
	☐ Takeaway	☐ Other – *describe:*

Accredited Food Safety Program Requirements:

Is your food business one of the below categories?:	☐ Yes *(complete section)* ☐ No *(proceed to next section – 'About your food business')*

Businesses that require an accredited food safety program:

☐ On site caterer - primary activity for the premises	*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*
☐ On site caterer - only part of the premises used	*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 a12-month period. The catering is under an agreement whereby the food is of a predetermined type, number of persons, time and cost*
☐ Off-site caterer	*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*
☐ 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*
☐ 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*
☐ A facility that provides care	*Including palliative care, to persons with a terminal illness*
☐ A facility that is a day hospital	*And is licensed under the Private Health Facilities Act 1999 (part 6), that provides haemodialysis or cytotoxic infusion health services*
☐ A facility that is a centre-based service	*And is licensed under the Child Care Act 2002 (part 2), other than a school age care service under that Act*
☐ A facility that is an approved education and care service under the Education and Care Services National Law (Queensland)	*Other than:* *-a family day care service under that Law* *-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*
☐ Child Care	
☐ Aged Care Facility	
☐ Private Hospital	

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*	☐ Atmospheric Packing *(e.g.: vacuum packing)*	☐ Cooking & selling for immediate consumption *(e.g.: dine in or takeaway)*
	☐ Cooling	☐ Delivery/transport
	☐ Juicing	☐ Manufacturing for wholesale *(NB. food recall system required)*
	☐ Packing/Repacking food *(e.g.: dried spices)*	☐ Preparing food *(e.g.: chopping)*
	☐ Roasting coffee beans	☐ Sous vide
	☐ Toasting or reheating only of previously cooked food	☐ Washing food *(e.g.: fruit & vegetables)*
	☐ 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:	☐ Yes – *provide written approval from primary licensee and property owner* ☐ No – *proceed to next section (food safety)*				
	Trading name:				
	Licence Number:				
	Days used each week:				
	Hours used each week:				
	The primary licensee will need to submit an Amendment to Licence and return their existing licence to be amended.				
List all additional equipment you will use in the shared kitchen:					
Food Safety:					
Designated hand wash basin 1:	**Capacity in Litres:**		☐ Paper towel	☐ Soap	☐ Bin
Designated hand wash basin 2: *(if only 1 mark N/A)*	**Capacity in Litres:**		☐ Paper towel	☐ Soap	☐ Bin
Temperature monitoring:	☐ Probe and IR Thermometer		☐ Records	☐ 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:	☐ 3 monthly	☐ 6 monthly	☐ 12 monthly	☐ Other	
Do you have processes and procedures for all the food related activities of your food business:	☐ Fully documented	☐ Partially documented	☐ Not documented		
Amendment to Licence:					
Applicant Name:					
Food Licence Number:					
Details of Amendment: *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.*					

Applicant Declaration:

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 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 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.

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.

I have read and understood the above declaration:

Name of Individual / Organisation:			
Name of Signatory: *If applicant is an organisation*			
Position: *Proprietor, Director, Manager etc.*			
Signature:		**Date:**	

Prescribed Fees 2026-2027:

The term of an annual food business 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 *e.g.; juice bars, home business, domestic water carrier*	$ 175.00	$ 350.00
Category 2 – Medium Risk *e.g.: café or restaurant*	$ 235.50	$ 471.00
Category 3 – High Risk *e.g.: child & aged care & hospitals, FSP required*	$ 303.00	$ 606.00
Amendment of Food Licence	No Charge	No Charge
Accreditation of a Food Safety Program – Application *Notice of written advice from an approved auditor must accompany Food Safety Program*	$ 805.00	
Amendment of a Food Safety Program	$ 500.00	

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

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.*