

APPLICATION FOR A FOOD BUSINESS LICENCE – FIXED PREMISES

PRIVACY COLLECTION NOTICE

Isaac Regional Council is collecting personal information you supply on this form in accordance with the Information Privacy Act 2009. Your personal information will be accessed by Council Officers who have been authorised to do so. Your information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information is handled in accordance with the Information Privacy Act 2009.

INSTRUCTIONS FOR FORM

1. Use a BLACK or BLUE pen.
2. Use BLOCK letters.
3. This form is for FIXED PREMISES ONLY.
4. Read through all the questions before beginning your application.
5. **Applications that do not have all sections completed will not be accepted or may be refused.**

Please ensure you submit this application no more than thirty (30) days before intended commencement of trade.

Commencing trade prior to receiving a Food Business Licence is an offence against the Food Act 2006 and may result in legal action being taken against you.

Applications made and signed by agents or consultants on behalf of an applicant will be refused.

ADDITIONAL REQUIREMENTS

Does your proposal require any **planning approvals** under Councils planning schemes?

YES NO (Check with the Planning Department in Council)

I have checked whether I require a **Kitchen Plan Assessment Application** (see Q10):

YES NO (Check prior to proceeding with this application)

I have checked whether I require a **Food Safety Program** (see Q12):

YES NO (Check prior to proceeding with this application)

◆ **Pre-lodgement advice and information is available upon request.**



WHAT IS NOT A FIXED PREMISES?

Mobile Premises – “Application for a Food Business Licence – Mobile Premises” form.

Temporary Premises – “Application for a Temporary Premises Food Business Licence” form.

Event Notification for Non-Profit Organisations – “Food Notification for Non-Profit Organisations” form.

RISK CATEGORY

Are you intending to conduct a low risk or low prep activity? (Q 12A and 12B)

YES NO

Are you intending to conduct a medium risk activity? (Q 12C)

YES NO

Are you intending to conduct a high risk activity? (Q 12D)

YES NO

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Question 3. Please provide the Corporation details below:

| | | | | | | | | | | | |
|---|---------------------|--|--|--|--|----------------------------|--|--|--|------------------------------------|---------------------------------------|
| NAME OF CORPORATION: | | | | | | | | | | | |
| NAMES OF ALL DIRECTORS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| REGISTERED OFFICE ADDRESS*: CANNOT BE A PO BOX CORPORATIONS ACT 2001 | Line 1: | | | | | | | | | | |
| | Line 2: | | | | | | | | | | |
| | Suburb/Town: | | | | | State and Postcode: | | | | | |
| ABN/ACN: | | | | | | | | | | | (9 digits for ACN, 11 digits for ABN) |
| LOT ON PLAN NO. | | | | | | | | | | If in Isaac Regional Council area. | |
| Go to → Question 5 | | | | | | | | | | | |

* A PO Box is not a valid postal address for the serving of legal notices and documents such as licenses. Please provide a **complete** list of all directors. Any changes to this list must be advised to Council.

Question 4. Please provide Incorporated Association details below:

| | | | | | | | | | | | |
|---|---------------------|--|--|--|--|----------------------------|--|--|--|------------------------------------|---|
| NAME OF INCORPORATED ASSOCIATION: | | | | | | | | | | | <input type="checkbox"/> I am a non-profit organisation preparing meals from a particular place on 12 or more days pers financial year. (tick if applicable) |
| NAMES OF MANAGEMENT COMMITTEE MEMBERS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| REGISTERED OFFICE ADDRESS*: CANNOT BE A PO BOX ASSOCIATIONS INCORPORATION ACT 1981 | Line 1: | | | | | | | | | | |
| | Line 2: | | | | | | | | | | |
| | Suburb/Town: | | | | | State and Postcode: | | | | | |
| IA/ABN: | | | | | | | | | | | (5 digits for IA, 11 digits for ABN) |
| LOT ON PLAN NO. | | | | | | | | | | If in Isaac Regional Council area. | |

* A PO Box is not a valid postal address for the serving of legal notices and documents such as licenses. Please provide a **complete** list of all management committee members. Any changes to this list must be advised to Council.

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PRIMARY CONTACT PERSON'S DETAILS

Question 5. Please provide details for the primary contact person below:

| | | | |
|-------------------------------|--|------------------------------|--|
| CONTACT PERSON'S NAME: | | | |
| PHONE NUMBER: | | MOBILE / OTHER PHONE: | |
| EMAIL ADDRESS: | | | |

BUSINESS DETAILS

Question 6. Please provide the following information:

| | | | |
|---|--|--|---|
| NAME OF FOOD BUSINESS: | | | |
| PREVIOUS FOOD BUSINESS NAME: If taking over existing premises | <input type="checkbox"/> N/A | PREVIOUS LICENCE NUMBER If taking over an existing premise | FB _____ <input type="checkbox"/> N/A or Not Sure |
| INTENDED DATE OF COMMENCEMENT OF TRADE: | <input type="checkbox"/> ____ / ____ / ____ OR; <input type="checkbox"/> As soon as licence issued | WILL THE PREVIOUS LICENCE BE SURRENDERED? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Not sure |
| ADDRESS OF THE FOOD PREMISES: | Line 1: | | |
| | Line 2: | | |
| | Suburb/Town: | | State and Postcode: |
| LOT ON PLAN NO.: | If unknown, contact Council for assistance. | | |

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Question 7. What is the registered address for receiving legal documents for this Food Business? The registered address CANNOT be a PO Box. (Please select one option below)

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Same as Applicant Details | | <input type="checkbox"/> Same as Address of the Food Premises | |
| <input type="checkbox"/> I would like to nominate a different address: | | | |
| Line 1: | | | |
| Line 2: | | | |
| Suburb/Town: | | State and Postcode: | |
| Lot on Plan No. | <i>(if in Isaac Regional Council area)</i> | | |

PREMISES DETAILS

Question 8. The operation will be conducted from a: *(please tick one)*

| | |
|--|---|
| <input type="checkbox"/> Commercial Premises | <input type="checkbox"/> Residential / Home Premises |
| | <input type="checkbox"/> I intend to sell food from home as a pick-up service only (no delivery or wholesale) ^ |
| <input type="checkbox"/> Other* <i>(please specify):</i> | |
| | |
| | |
| <p>For trailers and vehicles, please fill out the Application for a Food Business Licence – <u>Mobile Premises form</u>.</p> <p> If you intend to be a home-based food business, you must obtain permission to operate a food business from the owner of the home, i.e. if you are renting. Please attach this evidence.</p> | |

^ Food prepared at a private residence and supplied at a private residence for a fee does not require a food licence.

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Question 9. Is the food business intended to be a shared premises/kitchen with other licensable food businesses?

| <input type="checkbox"/> No Go to → Question 10 | <p>This food business is intended to be the sole licensable food business operating at this premises.</p> | | | | | | | | | | | | | | |
|---|---|-----------|--|--------------------------------|--|---------------------------------|--|--------------------------------------|--|----------------------------------|--|------------------------------------|--|---------------------------------|--|
| <input type="checkbox"/> Yes Please ensure that you have <u>written approval from the primary kitchen operator</u> to use this facility on the agreed dates and times. All food businesses and community groups using a shared facility are responsible for ensuring that it is in a clean and sanitary condition before and after use. | <p>If the premises is used or is intended to be used by more than one food business or community group:</p> <p>9.1 How frequently will you be using this kitchen?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #00728f; color: white;"> <th style="width: 30%;">Frequency</th> <th style="width: 70%;">Additional details, i.e. specific days, dates, times, total hours of use, etc.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/> Daily</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Weekly</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Fortnightly</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Monthly</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Quarterly</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Other:</td> <td></td> </tr> </tbody> </table> | Frequency | Additional details, i.e. specific days, dates, times, total hours of use, etc. | <input type="checkbox"/> Daily | | <input type="checkbox"/> Weekly | | <input type="checkbox"/> Fortnightly | | <input type="checkbox"/> Monthly | | <input type="checkbox"/> Quarterly | | <input type="checkbox"/> Other: | |
| Frequency | Additional details, i.e. specific days, dates, times, total hours of use, etc. | | | | | | | | | | | | | | |
| <input type="checkbox"/> Daily | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Weekly | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Fortnightly | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Monthly | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Quarterly | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: | | | | | | | | | | | | | | | |

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Question 10. The Food Business intends to be: *(please tick one)*

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| <input type="checkbox"/> Using an existing commercial kitchen – no alterations proposed | <u>Plans not required.</u> If purchasing an existing kitchen, you may consider the option of a sale search before proceeding with this application. |
| <input type="checkbox"/> Fitting-out or altering an existing commercial kitchen OR; <input type="checkbox"/> Operating from home | Ensure that your plans are compliant with the FS AS/NZ Standard 3.2.3. <input type="checkbox"/> <u>My fit-out plan has been approved by council.</u> You cannot operate without an approved plan. |
| <input type="checkbox"/> Constructing a new kitchen or premises | Ensure that your plans are compliant with the FS AS/NZ Standard 3.2.3. <input type="checkbox"/> <u>My fit-out plan has been approved by council.</u> You cannot operate without an approved plan. |

Note: It is recommended that plan assessment application is submitted prior to the food business licence application to ensure adequate time for construction and/or fit out activities – unless intended to be complete and operational within thirty (30) days.

Question 11. Have you spoken with Building Services to discuss the Building, Plumbing, and Trade Waste requirements for the Food Business?

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| 11.1 Does any plumbing or drainage modifications or improvements need to be installed to existing design? | <input type="checkbox"/> YES <input type="checkbox"/> NO If you are improving or upgrading existing plumbing or drainage, you will need an approval through Councils building services |
| 11.2 Have you obtained a certificate of classification that ensures your building is class 6, 8 or, 9c?* | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A residential premises For more information, contact Building Services at Isaac Regional Council |
| 11.3 Have you spoken about the Trade Waste requirements for your business? | <input type="checkbox"/> YES <input type="checkbox"/> NO Most activities will require a Trade Waste Permit. You must contact Building Services in relation to trade waste permits. |
|  You must speak to Building Services about all building, plumbing, and trade waste requirements. | |

***Class 6** – A shop or other building for the sale of goods by retail or the supply of services direct to the public.

Class 8 – Building in which production, assembling, altering, repairing, packing, finishing, or cleaning of goods is carried on for trade, sale, or gain.

Class 9c – An aged care building

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FOOD SECTOR / ACTIVITIES

Question 12A. Which of the following apply to your business? *(select all that apply) Low Risk*

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| <input type="checkbox"/> Ice manufacturing Packaged ice cubes, block ice, etc. | <input type="checkbox"/> Bakery (low risk activities) Only low risk ready-to-eat foods such as bread, shelf-stable cakes with no potentially hazardous toppings or fillings (dairy, custard, etc.). |
| <input type="checkbox"/> Child care centre (low risk activities) Supplying only low risk food such as confectionary. | <input type="checkbox"/> Confectionary or Low Risk manufacturing Manufacture of sugar-based foods, and foods which are not considered to be potentially hazardous foods. |
| <input type="checkbox"/> Grocery store with low risk food only | <input type="checkbox"/> Low pH sauce manufacturer sauces with a pH 4.6 or below |
| <input type="checkbox"/> Home-based food business (low risk activities) Low risk ready to eat foods such as confectionary, shelf stable cakes with no potentially hazardous fillings (dairy, custards, etc.) | <input type="checkbox"/> Honey producer (Refer to fees and charges, separate fee) Including activities such as decanting, filtering, and packaging honey and/or honeycomb for human consumption. |
| <input type="checkbox"/> Breakfasts with non-potentially hazardous foods Including cereal, toast, pastries, bread, jams and spreads. | |
| <input type="checkbox"/> Other low risk activity: (Please specify) | |

Question 12B. Which of the following apply to your business? *(select all that apply) Minor Prep*

| | |
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| <input type="checkbox"/> Manufacture and/or bottling of carbonated or pasteurised beverages Manufacturing and bottling of beverages which are non-potentially hazardous, such as carbonated beverages or pasteurised juices. Excludes: kombucha, unpasteurised juices, milk. | <input type="checkbox"/> Fruit and vegetable cutting Cutting, slicing, dicing, and/or packaging fresh fruit and vegetables for sale at that location. |
| <input type="checkbox"/> Grocery shop re-packaging/decanting food for sale at that location Repackaging food for sale at that location. Does not include: the sale of unpackaged snack food, which may be placed into a single-use packaging at the time it is purchased by the customer. | <input type="checkbox"/> Pre-made, unpackaged ready-to-eat foods such as pies and sausage rolls Pre-made foods which are unpackaged and ready-to-eat and are potentially hazardous, such as pies and sausage rolls. These items must be made and supplied by a licensed premises. |
| <input type="checkbox"/> Sale of pre-made ice-cream Serving of ice-cream which has been supplied by a licensed manufacturer. | <input type="checkbox"/> Fruit and vegetable juicing/processing Making fruit and vegetables juices, smoothies, beverages etc, at point of sale. |
| <input type="checkbox"/> Other low risk minor prep activity: (Please specify) | |

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Question 12C. Which of the following apply to your business? *(select all that apply) Medium Risk*

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| <input type="checkbox"/> Restaurant / Café / Take-away serving potentially hazardous foods Ready to eat foods such as salads, fish and chips, rice or pasta dishes, burgers, sandwiches, and other cooked meals. | <input type="checkbox"/> Self-service buffet Including foods such as hot meals, refrigerated desserts and fruits, where consumers serve themselves, for example from bain-maries. |
| <input type="checkbox"/> Manufacturing / Packaging of potentially hazardous foods <u>Excludes:</u> preparing food at a particular place for retail sale at the place, including sale for immediate consumption. | <input type="checkbox"/> Onsite Catering at part of your premises for less than 200 people on less than 12 occasions. At part of premises being a dedicated function room or similar from which the food business is carried on. <u>Does not include:</u> self-service buffet. |
| <input type="checkbox"/> Ice-cream processing Includes processing, dispensing, producing, manufacturing, and packaging of ice-cream products. | <input type="checkbox"/> Unpasteurised juice manufacturer Making fruit and vegetables juices for bottling and retail distribution. |
| <input type="checkbox"/> Sale of unpackaged food by retail Including delicatessens and supermarkets processing potentially hazardous foods such as sliced hams. | <input type="checkbox"/> Bakery or Patisserie producing potentially hazardous food Including foods such as meat pies, sausage rolls, slices, tarts, and cakes with potentially hazardous fillings such as dairy, custard, egg etc. |
| <input type="checkbox"/> Meals provided as part of accommodation Potentially hazardous foods such as cooked meals and salads. Includes room service. | <input type="checkbox"/> Manufacture and/or bottling of beverages Includes the manufacture and/or bottling of potentially hazardous beverages such as unpasteurised juices, dairy, kombucha, etc. |
| <input type="checkbox"/> Other medium risk activity: (Please specify) | |

Question 12D. Which of the following apply to your business? *(select all that apply) High Risk*

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| <input type="checkbox"/> Onsite Catering at part of your premises for 200 or more people on 12 or more occasions At part of a premises being a dedicated function room or similar from which the food business is carried on. <u>Does note include:</u> self-service buffet. | <input type="checkbox"/> Onsite catering as primary or sole activity Involves food of a predetermined type, for a predetermined number of persons, served at a predetermined time, and for a predetermined cost. |
| <input type="checkbox"/> Offsite Catering Serving potentially hazardous food at a place other than the principle place of business. <u>Does not include</u> merely delivering food. | <input type="checkbox"/> Aged Care An aged care facility that processes and/or serves potentially hazardous food to at least six (6) persons in the facilities care at a time. |

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|---|---|
| <input type="checkbox"/> Child care facility A child-care facility that processes potentially hazardous food for at least six (6) children in the facilities care at a time. <u>Note:</u> care facilities for school-aged children do not require a food safety program. | <input type="checkbox"/> Ready-for-consumption-food business A business whose principle activity is processing ready-for-consumption potentially hazardous food for service in another facility, such as an aged care home or private hospital, to at least six (6) persons in the at a time. |
| <input type="checkbox"/> Private (Hospital) Health facility Private hospitals and clinics which process or serve food. | <input type="checkbox"/> Processing food for delivery by a delivered meals organisation A food business whose principle activity is processing ready-for-consumption potentially hazardous food for delivery by a delivered meals organisation to at least six (6) persons at a time. |
| <input type="checkbox"/> Other high-risk activity: (Please specify) | |

IF YOU CONDUCT A FOOD SAFETY PROGRAM ACTIVITY, YOU MUST SUBMIT:

1. An Application for Accreditation or Amendment of a Food Safety Program form to be attached to this application.
2. **Written Auditors Advice** from an auditor to be attached to this application.
3. The **Food Safety Program** to be attached to this application.

Food Business Licence Applications for activities that require Food Safety Programs cannot be approved without the accreditation of the Food Safety Program.
 The Food Safety Program must be accredited by council for the licence to be approved.

| | |
|--|------------------------|
| <p>12D.2 Please provide further detail about your food safety program operations.</p> <p>Food receipt, storage, processing, cooking, cooling, reheating, transport, service, temperature control.</p> <p>Please include details of food transport vehicles (make, model, and registration).</p> | Provide details below: |
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Question 13. Please provide details regarding the activities and processes to be carried out:

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| <p>13.1 Types of food and meals to be prepared:</p> <p>Please attach a menu if you have one prepared.</p> | | | | | |
| <p>13.2 What type of food-grade sanitiser will be used to sanitise food contact surfaces?</p> <p>Please provide the product name.</p> | | | | | |
| <p>13.3 Do you have a probe thermometer to regularly check the temperatures of potentially hazardous foods?</p> | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>OR</p> <p><input type="checkbox"/> There will be no potentially hazardous food handled.</p> </div> <div style="width: 50%;"> <p>Examples of potentially hazardous foods:</p> <ul style="list-style-type: none"> Dairy products Meat products Eggs and raw egg products Cooked Rice Cooked Pasta <p>The probe must be capable of measuring temperature accurately to $\pm 1^{\circ}\text{C}$. A digital probe thermometer will achieve this. You are also required to sanitise the probe before each use.</p> <p><u>Examples of when to check the temperature of food with a probe thermometer:</u></p> <ul style="list-style-type: none"> When food is received from supplier Regularly checking the temperature of food stored in the refrigerator When food is on display for retail or self-service in bain-marie, hot box, or display case To monitor temperatures when cooling foods When cooking and reheating foods </div> </div> | | | | |
| <p>13.4 Will there be foods that require preparing/cleaning by immersion in water, such as raw/uncooked fruits or vegetables served as (part of) food?</p> | | | | | |
| <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>Please explain where they will be washed: e.g. dedicated single bowl prep sink</p> <table border="1" style="width: 100%; height: 80px; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table> | | | | | |
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| <p>13.5 Are you intending to be doing any deep frying?</p> | <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Use of deep fryers triggers ventilation – kitchen exhaust hood requirements under the Building Code of Australia, AS/NZ Standard 1668.1 and 1668.2.</p> |
| <p>13.6 What types of cooking equipment will you be intending to use?</p> | <p>Equipment with total electrical input exceeding 8kW, or total gas power input over 29MJ/h triggers ventilation – kitchen exhaust hood requirements under AS/NZ Standard 1668.1 and 1668.2.</p> |
| <p>13.7 Are the walls in the kitchen and food preparation areas smooth and impervious? (Note: block or brick walls are generally not allowed in food preparation areas)</p> | <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Walls must be made of non-absorbent material. They must be free of gaps, cracks, crevices, dents, bumps, and grooves. If you answered NO, your activities may be limited or fit-out/alterations required.</p> |
| <p>13.8 Are the floors in the kitchen and food preparation areas smooth and impervious?</p> | <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Floors must be made of non-absorbent material. They must be free of gaps, cracks, crevices, dents, bumps, grooved, and not allow ponding of water. If you answered NO, your activities may be limited or fit-out/alterations required.</p> |
| <p>13.9 Is the ceiling in the kitchen and food preparation areas smooth and impervious?</p> | <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Ceilings must be made of non-absorbent material. They must be free of gaps, cracks, crevices, dents, bumps, and grooves. If you answered NO, your activities may be limited or fit-out/alterations required. Suspended ceilings are not suitable for kitchens or food storage locations.</p> |
| <p>13.10 What waste-water disposal facilities are available for use at the premises? (select all which apply)</p> | <p><input type="checkbox"/> A cleaners sink <input type="checkbox"/> Floor waste</p> <p>Other: _____</p> |

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| <p>13.11 What is your process for the cleaning and sanitising of food contact utensils and equipment? (please select one)</p> | <p><input type="checkbox"/> All equipment and utensils will be washed in a <u>single bowl sink</u> and then sanitised in a dishwasher and/or glasswasher Require a single bowl for rinsing, and dishwasher for sanitising with heat or chemical.</p> <p><input type="checkbox"/> Some equipment will be washed and sanitised in a <u>double bowl sink</u>; and Some equipment will be washed by using a single sink and sanitised in a dishwasher or glasswasher. One bowl for washing, the other for sanitising and dishwasher for sanitising.</p> <p><input type="checkbox"/> A double bowl sink only One bowl for washing, the other for sanitising.</p> <p><input type="checkbox"/> A triple bowl sink only Wash, rinse, sanitise procedure; or Wash, rinse/sanitise, rinse procedure.</p> |
| <p>13.12 Which handwashing method will you be using?</p> | <p><input type="checkbox"/> Method 1:</p> <ol style="list-style-type: none"> 1. Using a basin that is designated for the sole purpose of washing hands, arms, and face only. 2. Using a designated hand-wash basin that is within 5 meters of all food handling activities. 3. In warm running water with a single spout using soap. 4. Hands dried with a paper towel. <p><input type="checkbox"/> Other Method (please describe):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>13.13 Where will waste, garbage, and recyclable matter be stored? How will it be removed? (select all which apply)</p> | <p><input type="checkbox"/> In a bin or skip with a secure, tight fitting lid</p> <p><input type="checkbox"/> Will be regularly removed</p> <p><input type="checkbox"/> Liquid Waste (e.g. oil) protected from spillage e.g. undercover area with a bund wall, etc.</p> <p><input type="checkbox"/> Other: _____</p> |

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SUITABILITY OF PERSON(S) TO HOLD A LICENCE

Question 14. What food handling training has been undertaken by food handling staff, and will be undertaken by any new food handlers?

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| | |

Note: Please attach any qualifications, certificates, and supporting documentation such as training records. You may consider having food handlers complete the free online training **I'm Alert**, available at <http://isaac.imalert.com.au>, or alternatively visit Isaac Regional Council website and search food safety – Free online Food Safety Training

Question 15. Have you / will you inform your staff of their legal Health and Hygiene Obligations?

All staff must be informed of their Health and Hygiene legal obligations.

| | |
|--|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Please attach a copy of the template / form being used, and keep all signed documents on record. | You may consider using Template 4 from the Know You Food Business document. Please contact Isaac Regional Council and ask to speak to an EHO. |

FOOD SAFETY SUPERVISOR

Question 16. Please provide the contact details for the nominated Food Safety Supervisor:

You must provide details of your Food Safety Supervisor within thirty (30) days of receiving your licence

| | |
|---|---|
| <input type="checkbox"/> I will nominate a food safety supervisor within 30 days of receiving my food business licence. | |
| <input type="checkbox"/> I would like to nominate a food safety supervisor now: <i>(please provide details below)</i> | |
| NAME OF FOOD SAFETY SUPERVISOR: | Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____ Family / Last Name: _____ Given / First Name: _____ |
| MAIN CONTACT PHONE NO.: | |

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| | |
|--|--|
| MOBILE NUMBER: | |
| EMAIL ADDRESS: | |
| EXPERIENCE AND/OR RELEVANT QUALIFICATION: | |

Note: Any changes to Food Safety supervisors must be advised to council in written format within fourteen (14) days. You may nominate more than one Food Safety Supervisor, please attach any additional details to this application.

- A Food Safety Supervisor must be reasonably available upon request.
- A food business must have a Food Safety Supervisor at all times, failure to have a Food Safety Supervisor at all times carries a maximum penalty of 50 units.

Question 17. Please read the below statements carefully:

| | | |
|---|---|--|
| Statement 1. | Do any of the applicants (or an executive officer of the corporation, or a member of the association’s management committee) have a conviction for a breach of food legislation, other than a spent conviction*? | <input type="checkbox"/> YES <input type="checkbox"/> NO (please provide details below) |
| If you answered YES, please provide details of the offence and the circumstances of its commission: | | |
| <hr/> <hr/> <hr/> | | |
| Statement 2. | Have any of the applicants (or an executive officer of the corporation, or a member of the association’s management committee) ever had a food licence suspended or cancelled? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Statement 3. | Have any of the applicants (or an executive officer of the corporation, or a member of the association’s management committee) ever been refused a food licence under this Act or the Food Act 1981 or a corresponding law? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

* A spent conviction is a criminal conviction that has lapsed after a period of time and has been removed from a person’s criminal record.

APPLICATION FOR A FOOD BUSINESS LICENCE – FIXED PREMISES

APPLICANT CHECKLIST

| |
|--|
| <input type="checkbox"/> I have answered all questions . Please contact Isaac Regional Council if you require assistance. |
| I have attached the following documentation: <input type="checkbox"/> Permission to operate if operating from home OR <input type="checkbox"/> N/A <input type="checkbox"/> Evidence of training / qualifications <input type="checkbox"/> Health and Hygiene Obligations template |
| Where a food safety program is required: <input type="checkbox"/> I have attached my Food Safety Program along with the accreditation application form and auditors written advice. OR <input type="checkbox"/> N/A |
| <input type="checkbox"/> I have paid / will supply payment details on the credit card payment form. |

DECLARATION

- If the application is made by a corporation or incorporated association, the person signing is legally entitled to make the application on behalf of the corporation or incorporated association.
- I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*;
- I understand that legal action may be taken against me under the relevant Acts and Regulations if the information provided is known to me to be false or misleading at the time of supplying the information.

| | | | |
|-------------------------------|--|--------------|----------------|
| APPLICANT'S SIGNATURE: | | DATE: | ____/____/____ |
| PRINT NAME: | | | |

APPLICATION FOR A FOOD BUSINESS LICENCE – FIXED PREMISES

PAYMENT AND SUBMISSION METHODS

Payment is to be made at the time of submitting the application to council for assessment. Receipt is to be attached with the application. The following methods for are available to you:

| | |
|---|---|
| <input type="checkbox"/> In person at your local council office | Payment can be made in person between 8.30am and 4.30pm weekdays. You can pay in cash, cheque, credit card, and EFTPOS. |
| <input type="checkbox"/> With cheque via the post to: | Isaac Regional Council PO Box 97 Moranbah QLD 4744 |
| <input type="checkbox"/> Via email with payment receipt | Email to: records@isaac.qld.gov.au |