



ANNUAL RETURN FOR FOOD BUSINESS (Domestic Water Carriers)

Isaac Regional Council is collecting the personal information on this form in accordance with the *Food Act 2006*. The personal information collected on this form will be used to record information for a Food Hygiene Permit. Any personal information collected will be accessed by persons who are 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*.

APPLICANT DETAILS			
Please Note: If applicant is a company, insert company name and ACN / ARBN			
Name			
Business Name			
ACN / ARBN			
Postal Address			
Phone		Mobile	
Email			
SITE DETAILS			
Provide the address where the tanker(s) normally housed. A separate application is required for each lot on plan.			
Street Address			
Lot & Plan No.			
CHANGES TO EQUIPMENT AND STRUCTURE OF PREMISES			
Outline any changes to equipment and structures since the last Annual Return was completed or since your initial application was submitted.			
VEHICLE DETAILS – Potable Water Transport			
Tanker 1		Tanker 2	
Registration No:		Registration No:	
Model (make/year)		Model (make/year)	
Capacity of tank		Capacity of tank	
Tank contraction material		Tank contraction material	
Internal Lining		Internal Lining	
Is a backflow prevention device fitted?		Is a backflow prevention device fitted?	

Details of equipment:		Details of equipment:	
Source and location/s where water is obtained			
SUITABILITY OF PERSON TO HOLD A LICENCE			
Skills and experience of applicants to sell safe and suitable food:			
Please Note: This section MUST be completed.			
Have any of the applicants been convicted for a breach of any food legislation? <i>If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.</i>			
No	Yes: If Yes, please attach details		
Have any of the applicants previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law that was suspended or cancelled? <i>If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.</i>			
No	Yes: If Yes, please attach details		
Have any of the applicants been refused a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law? <i>If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.</i>			
No	Yes: If Yes, please attach details		
NOMINATION OF FOOD SAFETY SUPERVISOR (FSS)			
You must provide details of your FSS within thirty (30) days of receiving your licence. Any changes to contact details or a change of FSS MUST BE NOTIFIED in writing to Council within 14 days of the change.			
Food safety supervisor qualification details			
Name			
Postal Address			
Business Hours Phone			
LODGEMENT			
This Annual Return and fee MUST be lodged not less than twenty-one (21) days PRIOR to expiration of the existing Food Business Licence.			

DECLARATION

- I enclose **proof of payment*** of the prescribed annual fee
- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.
- 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 I may be liable for prosecution under the relevant Acts and Regulations if the information provided is known to me to be not true and correct at the time of supplying the information.

Applicant's Signature		Date	/ /
Print Name			

Once completed please send form and any attachments either:
In person at your local Isaac Regional Council Office or
records@isaac.qld.gov.au or
ISAAC REGIONAL COUNCIL,
PO BOX 97, MORANBAH QLD 4744

*Payment options available are cheque, credit card or direct deposit. For further information please phone Council's Customer Service Department on **Phone: 1300 472 227**

PAYMENT METHODS

Credit Card Payment	MasterCard	Visa
Cardholder Name		
Card Number	Exp Date:	CCV
Total Amount Owing	\$	
Or		
In person by making your payment at any Council Office within the region from 8.30am to 5.00pm Monday to Friday using a range of payment options including cash, cheque, credit card or EFTPOS.		

OFFICE USE ONLY

Date approval letter sent		Fees received	
Receipt No.		Licence No.	

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