

#### 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.

PLEASE ENSURE YOU SUMBIT THIS APPLICATION WITHIN 60 DAYS BEFORE YOUR LICENCE ENDS.

IF WE DO NOT RECEIVE AN APPLICATION FOR RENEWAL, YOUR LICENCE WILL BE CONSIDERED CANCELLED.

Operating without a licence is an offence against the Food Act 2006.

## **CONTACT DETAILS**

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

## **APPLICANT DETAILS**

INDIVIDUAL(S) SOLE TRADER/ COMPANY/												
INCORPORATED ASSOCIATION	Name/s of the individuals responsible for the business; OR Name of Corporation; OR Name of the Incorporated Association.											
BUSINESS NAME:	LICENCE NUMBER: FB											
ADDRESS OF FOOD	Line 1:											•
PREMISES OR STORAGE LOCATION	Line 2:	Line 2:										
OF MOBILE PREMISES:	Suburb	Suburb/Town:							State and Postcode:			
REGISTERED POSTAL	Line 1:											
ADDRESS FOR THIS FOOD BUSINESS:	Line 2:											
*cannot be a PO Box	Suburb	Suburb/Town:							State and Postcode:			
CURRENT IA/ABN:											11 digits for ABN	

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Have there been any changes to the directors or management committee members?							
□ YES □	I NO □ N/A						
Please attach a current, complete list of directions or management committee members.							
Which of the following low risk activities apply to your business? (select any which apply)							
☐ Ice manufacturing Packaged ice cubes, block ice, etc.	☐ 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.).						
☐ Child care centre (low risk activities) Supplying only low risk food such as confectionary.	☐ Confectionary or Low Risk manufacturing Manufacture of sugar-based foods, and foods which are not considered to be potentially hazardous foods.						
☐ Grocery store with low risk food only	☐ Low pH sauce manufacturer sauces with a pH 4.6 or below						
☐ 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.)	☐ Honey producer (Refer to fees and charges, separate fee) Including activities such as decanting, filtering, and packaging honey and/or honeycomb for human consumption.						
☐ Breakfasts with non-potentially hazardous foods Including cereal, toast, pastries, bread, jams and spreads.							
☐ Other low risk activity: (Please specify)							
Which of the following minor prep activities apply to your business? (select any that apply)							
☐ 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.	☐ Fruit and vegetable cutting Cutting, slicing, dicing, and/or packaging fresh fruit and vegetables for sale at that location.						

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☐ Grocery shop re-packaging/decanting food for sale at that location Repackaging food for sale at that location. <u>Does not include:</u> the sale of unpackaged snack food, which may be placed into a single-use packaging at the time it is purchased by the customer.	☐ 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.
☐ Sale of pre-made ice-cream  Serving of ice-cream which has been supplied by a licensed manufacturer.	☐ Fruit and vegetable juicing/processing Making fruit and vegetables juices, smoothies, beverages etc, at point of sale.
☐ Other low risk minor prep activity: (Please specify)	
Which of the following medium risk activities a	apply to your business? (select any that apply)
☐ 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.	☐ Self-service buffet Including foods such as hot meals, refrigerated desserts and fruits, where consumers serve themselves, for example from bain-maries.
☐ Manufacturing / Packaging of potentially hazardous foods  Excludes: preparing food at a particular place for retail sale at the place, including sale for immediate consumption.	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.  Does not include: self-service buffet.
☐ Ice-cream processing Includes processing, dispensing, producing, manufacturing, and packaging of ice-cream products.	☐ Unpasteurised juice manufacturer  Making fruit and vegetables juices for bottling and retail distribution.
☐ Sale of unpackaged food by retail Including delicatessens and supermarkets processing potentially hazardous foods such as sliced hams.	☐ 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.
☐ Meals provided as part of accommodation  Potentially hazardous foods such as cooked meals and salads. Includes room service.	☐ Manufacture and/or bottling of beverages Includes the manufacture and/or bottling of potentially hazardous beverages such as unpasteurised juices, dairy, kombucha, etc.
☐ Other medium risk activity: (Please specify)	

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Do you carry out any of these following high risk activities which require a council accredited food safety program? (select any that apply)

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.  Does note include: self-service buffet.	☐ 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.
☐ Offsite Catering Serving potentially hazardous food at a place other than the principle place of business.  Does not include merely delivering food.	☐ <b>Aged Care</b> 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.
☐ 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.  Note: care facilities for school-aged children do not require a food safety program.	☐ 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.
☐ Private (Hospital) Health facility Private hospitals and clinics which process or serve food.	☐ 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.
☐ Other high-risk activity: (Please specify)	

## IF YOU CONDUCT A FOOD SAFETY PROGRAM ACTIVITY, YOU MUST ENSURE:

- 1. That you have a current food safety program which has been accredited by council.
- 2. That your auditor has provided council with the details of your most recent audit.

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.

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Have you informed <u>all</u> of your f and Hygiene Obligations?	ood handlers w	orking for your	food business of their Health					
□ YES		□ NO						
Please keep all signed documents on asked to show them an authorised offi		You may consider using Template 4 from the <b>Know You Food Business</b> document.  Please contact Isaac Regional Council and ask to speak to an EHO for more information.						
Have <u>all</u> food handlers working for your food business undergone food handling training appropriate to their food handling activities? All food handlers <u>must</u> be appropriately trained before commencing food handling activities.								
□ YES			□ NO					
Please store all staff training records as you may be asked to provide them to an authorised officer upon request.  You may consider accessing the free online training I'i Alert. For more information, contact Isaac Regional Council.								
and knowledge are up-to-date and current. Available at <a href="https://isaac.imalert.com.au">https://isaac.imalert.com.au</a> .  Do you have a probe thermometer for measuring temperatures of potentially hazardous foods?								
□ YES		1 NO	□ N/A					
If you receive and handle potentially hazardous foods, you need to purchase a probe thermometer accurate to ± 1°C. To achieve this level of accuracy, a digital probe thermometer is best.	all businesses ha hazardous foods need to be check food, when cook	eter is required for andling potentially a, as tempertures ed when receiving ing food, cooling od, and to ensure	A probe thermometer is not required if no potenitally hazarous foods are being handled.					
Have you carried out any renovations or made structural changes to your premises?								
Please provide a description of changes made								
□ NO								
Any changes to the design and fit-out o assessment application.	r rennovations to th	e kitchen may requi	re for you to submit a design and fit-ou					

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Who is/are your current Food Safety Supervisor/s? \*Contact numbers are required.

	l itle:	□ Mr	☐ Mrs	☐ Miss	☐ Ms	□ Other:			
DETAILS OF FOOD SAFETY SUPERVISOR	Family / Last Name:								
(1):	Given / First Name:								
	*Contact Number/s:	Mobile:				Other:			
	Title:	□ Mr	☐ Mrs	☐ Miss	□ Ms	☐ Other:			
DETAILS OF FOOD SAFETY SUPERVISOR	Family / Last Name:								
(2):	Given / First Name:								
	*Contact Number/s:	Mobile:				Other:			
You may nominate more A I The licensee must at a	Note: Any changes to Food Safety supervisors must be advised to council in writing 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.  The licensee must at all times continue to have a food safety supervisor for the food business under the licence. Failure to comply carries a maximum penalty of 50 penalty units.								
Have any of your food transport vehicles and/or mobile food business received a new registration number, or do you have any new vehicles that need to be declared? (if applicable)  Excluding vehicles used for delivery of food ONLY (i.e. pizza delivery)									
Excluding vehicles used for	delivery of food ONL	-			- Ileeu t	o be declared? (II applicable)			
Excluding vehicles used for	-	Y (i.e. piz			need t	□ NO			
Excluding vehicles used for Please prov	delivery of food ONLY  VES  ided updated details be	Y (i.e. piz							
Excluding vehicles used for	delivery of food ONLY  VES  ided updated details be	Y (i.e. piz				□ NO			
Please prov	delivery of food ONLY  VES  ided updated details be	Y (i.e. piz				□ NO			
Excluding vehicles used for Please prov	delivery of food ONLY  VES  ided updated details be	Y (i.e. piz	zza delivo	ery)	<i>M</i>	□ NO			
Please prov	delivery of food ONLY  YES ided updated details be us registration if appli	Y (i.e. piz	zza delivo	ery)	Mandle or p	□ NO  ake and model:  brepare any food in this vehicle?			
Please prov  Vehicle 1 previo	delivery of food ONLY  YES ided updated details be us registration if appli	Y (i.e. piz	zza delivo	ery)	Mandle or p	□ NO  ake and model:  orepare any food in this vehicle? YES □ NO			
Please prov  Vehicle 1 previo	delivery of food ONLY  YES ided updated details be us registration if appli	Y (i.e. piz	Do	you har	Mandle or p	□ NO  ake and model:  orepare any food in this vehicle? YES □ NO			

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### **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 do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge. 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 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:							
PRINT NAME:							
Once completed please send form, payment, and any attachments to <b>ONE</b> of the following:		records@isaac.qld.gov.au OR;					
		Isaac Regional Council PO Box 97 Moranbah QLD 4744 OR;					
		Deliver in person to your local Isaac Regional Council Office.					

### **DEPARTMENT USE ONLY**

PROCESSED BY	Signature	Date:
111002002021	Print Name	Dato.

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