

# APPLICATION FOR A FOOD BUSINESS DOMESTIC WATER CARRIER

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 used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the *Information Privacy Act 2009*.

## INSTRUCTIONS

1. Use a BLACK or BLUE pen.
2. Use BLOCK letters.
3. This form is for POTABLE WATER CARRIERS ONLY.
4. Read through all of the questions before beginning your application.
5. Applications that do not have required 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 by agents or consultants on behalf of an applicant will be refused.**

## APPLICATION TYPE

Are you applying for:

- New Potable Water Carrier Licence
- Annual Renewal of Potable Water Carrier Licence
- Amendment of Potable Water Carrier Licence

## TYPE OF APPLICATION

Question 1. Who is making this application? (please tick one)

<input type="checkbox"/> <b>An Individual / Sole Trader</b> Go to Question 2	An individual responsible for the business.
<input type="checkbox"/> <b>A Corporation</b> Go to Question 3	Group or organisation recognised under the <i>Corporations Act 2001</i> .
<input type="checkbox"/> <b>An Incorporated Association</b> Go to Question 4	Group or organisation recognised under the <i>Associations Incorporation Act 1981</i> .

Note: A family trust is not a legal entity for owning a food business.

## WHAT IS POTABLE WATER?

Water supplied by water carriers for domestic or commercial use and meets the requirements of the *Food Act 2006* (the Act), that is, safe and suitable for human consumption.

## RISK CATEGORY

### **Medium Risk**

Water carriers are not considered a low-risk food business due to the serious health hazards which may arise if appropriate control measures are not taken to ensure the water is protected from contamination and to ensure the mobile premises are appropriate.

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## APPLICANT DETAILS (COMPLETE THE RELEVANT SECTION ONLY)

Question 2. Please provide Individual / Sole Trader details below:

<b>NAME OF PERSON (1) RESPONSIBLE FOR BUSINESS:</b>	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:													
<b>NAME OF PERSON (2) RESPONSIBLE FOR BUSINESS:</b>	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:													
<b>POSTAL ADDRESS*:</b>														
<b>ABN:</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													(11 digits for ABN)
<b>LOT ON PLAN NO.:</b>	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.

Question 3. Please provide the Corporation details below:

<b>NAME OF CORPORATION:</b>														
<b>NAMES OF ALL DIRECTORS:</b>														
<b>REGISTERED OFFICE ADDRESS*: CORPORATIONS ACT 2001</b>														
<b>ABN/ACN:</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													(9 digits for ACN, 11 digits for ABN)
<b>LOT ON PLAN NO.:</b>	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.

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Question 4. Please provide Incorporated Association details below:

<b>NAME OF INCORPORATED ASSOCIATION:</b>											
<b>NAMES OF MANAGEMENT COMMITTEE MEMBERS:</b>											
<b>REGISTERED OFFICE ADDRESS*:</b> <i>ASSOCIATIONS INCORPORATION ACT 1981</i>											
<b>IA/ABN:</b>											(5 digits for IA, 11 digits for ABN)
<b>LOT ON PLAN NO.:</b>											<i>If in Isaac Regional Council area</i>

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.

## PRIMARY CONTACT PERSON'S DETAILS (APPLICATION AND LICENSING PURPOSES)

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

<b>CONTACT PERSON'S NAME:</b>		
<b>PHONE NUMBER:</b>		<b>MOBILE PHONE:</b>
<b>EMAIL ADDRESS:</b>		

## FOOD BUSINESS DETAILS

Question 6. Please provide the following information:

<b>NAME OF FOOD BUSINESS:</b>			
<b>PREVIOUS TRADING NAME:</b> <i>(If applicable)</i>	<input type="checkbox"/> N/A	<b>PREVIOUS LICENCE NUMBER:</b> <i>(If applicable and if known)</i>	FB _____ <input type="checkbox"/> N/A
<b>INTENDED DATE OF COMMENCEMENT OF TRADE:</b>	____/____/____ OR; <input type="checkbox"/> As soon as licence issued	<b>WILL THE PREVIOUS LICENCE BE SURRENDERED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Not sure
<b>ADDRESS WHERE VEHICLE/S ARE TO BE STORED OR GARAGED:</b>			
<b>LOT ON PLAN NO.:</b>	<i>If unknown, contact Council for assistance</i>		

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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)**

- Same as Applicant Details  Same as Address where vehicle is housed  
 I would like to nominate a different address: (provide details below)

**POSTAL ADDRESS:**

**LOT ON PLAN NO.:**

(If in Isaac Regional Council area)

## VEHICLE DETAILS

**Question 8. Vehicle details:**

<p><b>Tanker 1</b> <b>Registration Number</b></p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<p>Year/Make/Model: _____ Capacity of Tank: _____ Tank contraction material: _____ Internal Lining: _____ Is a backflow prevention device fitted? _____</p>
<p><b>Tanker 2</b> <b>Registration Number</b></p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<p>Year/Make/Model: _____ Capacity of Tank: _____ Tank contraction material: _____ Internal Lining: _____ Is a backflow prevention device fitted? _____</p>
<p><b>Tanker 3</b> <b>Registration Number</b></p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<p>Year/Make/Model: _____ Capacity of Tank: _____ Tank contraction material: _____ Internal Lining: _____ Is a backflow prevention device fitted? _____</p>
<p><b>Tanker 4</b> <b>Registration Number</b></p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<p>Year/Make/Model: _____ Capacity of Tank: _____ Tank contraction material: _____ Internal Lining: _____ Is a backflow prevention device fitted? _____</p>
<p><b>Tanker 5</b> <b>Registration Number</b></p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<p>Year/Make/Model: _____ Capacity of Tank: _____ Tank contraction material: _____ Internal Lining: _____ Is a backflow prevention device fitted? _____</p>
<p><b>Tanker 6</b> <b>Registration Number</b></p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<p>Year/Make/Model: _____ Capacity of Tank: _____ Tank contraction material: _____ Internal Lining: _____ Is a backflow prevention device fitted? _____</p>

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## Question 9. Vehicle Plans:

<b>Vehicle Plans</b>	Do you have elevation plans of the vehicle showing the location of equipment and signage? <i>If you answered no, please provide photographs of the vehicle &amp; equipment and a basic plan of the tanker showing; signage, valves, etc.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## Question 10. Suitability of vehicle:

<b>10.1 Design and fit-out</b>	Have you obtained an appropriate document from the manufacturer stating that the material is suitable and safe for contact with potable water in accordance with the relevant Australian Standard?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>10.2 Delivery hoses, pipes and fittings</b>	Are all pipes secured and stored during transit and delivery, in a safe and hygienic manner to prevent them from contamination.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>10.3 Back flow prevention</b>	Is the water carrier fitted with appropriate backflow prevention system in accordance with Australian Standard?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>10.4 Signage</b>	Does the water carriers have signs installed on the side and rear with the wording? Trading Name (not less than 75mm in height) Phone Number (not less than 75mm in height) Tanker Approval Number (not less than 100mm in height) Drinking Water Only (not less than 150mm in height)	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Note: When considering an application for licence, the local government must consider certain criteria including the suitability of the premises. Schedule 3 of the Act defines a premise as including a vehicle. For a vehicle to be considered suitable for carrying on a food business, the local government may have regard to whether the premises comply with the Code and Standard 3.2.3.*

## Question 11. Water supply details:

<b>Stand pipe supply (town water)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Private supply</b>	<input type="checkbox"/> YES (please provide details)	<input type="checkbox"/> NO
	Location of the supply: _____ Type of supply (e.g. rain water, bore etc) _____	

## WATER CARRIER MAINTENANCE

### Question 12. Tanker disinfection

<b>12.1 What is your process for cleaning and sanitising the water carrier tank?</b>	<input type="checkbox"/> Method 1: _____ _____
	<input type="checkbox"/> Method 2: _____ _____
	<input type="checkbox"/> Method 3: _____ _____

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**12.2 What is your process for cleaning and sanitising the water carrier hoses & pipes?**

Method 1:

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Method 2:

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Method 3:

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Method 4:

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Method 5:

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**12.3 Water carrier chlorine solutions**

Are you using a chlorine solution to sanitise the tank, hoses and pipes?

YES

NO

## SUITABILITY OF PERSON(S) TO HOLD A LICENCE

**Question 13. 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 14. Have you / will you inform your staff of their legal Health and Hygiene Obligation? All staff must be informed of their Health and Hygiene legal obligations.**

YES

NO

Please attach a copy of the template or form being used and keep all signed documents on record.



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## FOOD SAFETY SUPERVISOR

**Question 15. 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>	
<b>NAME OF FOOD SAFETY SUPERVISOR:</b>	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:
<b>PHONE NUMBER:</b>	<b>MOBILE NUMBER:</b>
<b>EMAIL ADDRESS:</b>	
<b>EXPERIENCE OR QUALIFICATION:</b>	

*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.
- 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 15. Please read the below statements carefully:**

<b>Statement 1.</b>	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 <i>(please provide details of the offence and the circumstances of its commission below)</i>	<input type="checkbox"/> NO
<b>Statement 2.</b>	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
<b>Statement 3.</b>	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 <i>Food Act 1981</i> 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.*

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## APPLICANT CHECKLIST

I have answered all questions. Please contact Isaac Regional Council if you require assistance.

I have attached the following documentation:

- Evidence of training / qualifications
- Evidence of suitability that the lining materials used within containers and fittings comply with Australian Standard
- Evidence of suitability that the delivery hoses comply with relevant Australian Standards
- Plans or photographs of the vehicle and equipment showing; signage, valves, etc

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.

<b>APPLICANT</b>	Signature	Date
	Print Name	

Once completed please send form and any attachment to:  
[records@isaac.qld.gov.au](mailto: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

<b>PROCESSED BY</b>	Signature	Date
	Print Name	