

SECTION 1 - APPLICATION TYPE			
☐ High Risk Food Business Licence			
High Risk Premises may require an accredited Food Caterer and On-Site Caterer.	Safety Pr	rogram, such as Child Care C	entre, Aged care facilities, Off-Site
☐ Fixed Food Business Licence			
☐ Mobile Food Business - Includes Workers Accomm	nodation	Camp Kitchens	
□ Potable Water Carrier			
SECTION 2 - APPLICANT (LICENSEE) DETAILS			
This person/company will be the licence holder and responsible for compliance with the Food Act 2006.			
Applicant/Licensee Name:			
Trading Name:			
ABN/ACN:			
Contact Name:			
Phone:		Mobile:	
Registered Business Address:			
Suburb:	State:		Postcode:
Postal Address (Address for Licences):			
Suburb:	State:		Postcode:
Business Email (Food Recalls and Direct Contact):			
Licensing Email (Renewals and Licence Fees):			
SECTION 3 - PREMISES DETAILS (FOR FIXED,	DOMES	TIC OR CAMP KITCHEN	PREMISES)
Property Name:		Lot on Plan:	
GPS Coordinates (Camp Kitchens):			
Address:			
Suburb:		Postcode:	
Site Contact:		Contact Number:	
SECTION 4 - PREMISES DETAILS (FOR MOBILE VEHICLE/TRAILER & POTABLE WATER CARRIERS)			
Registration:			
Make:			
Model:			
Local Inspection Address:			
Site Contact:		Contact Number:	



SECTION 5 - PRIMARY ACTIVITY				
Select all activities that apply:				
☐ Bed and Breakfast or Motel	☐ Café or Restaurant	☐ Homebased business	☐ Takeaway Food Bar	
☐ Child Care Centre*	☐ Aged Care Facility*	☐ Off Site Caterer*	☐ On Site Caterer*	
☐ Mobile Food Vehicle	e Food Vehicle ☐ Mobile Food Trailer ☐ Mobile Gas Camp* ☐ Convenienc		☐ Convenience Store	
☐ Jams and Preserves	☐ Jams and Preserves ☐ Cakes/biscuits/slices ☐ Fruit and Vegetables (Cutting and Display)			
☐ Potable Water Carrier				
Additional Activities	- f f ti	0		
☐ On Site Catering: Number of	• •	· · · ———		
*May be required to hold an ac	·			
Nature of the food (Hot-box,	burgers, salads, quiche, c	akes etc)		
Hours of Operation	☐ Monday: ☐ Friday:			
Please select days and provide operational hours.	☐ Tuesday:	□ Saturday:		
provide operational flours.	☐ Wednesday:	☐ Sunday:		
	☐ Thursday:	□ N/A		
SECTION 6 - FOOD SAFETY	SUPERVISOR			
If an applicant does not know	the details of the Food Safet	y Supervisor(s) at the time of	application, do not complete	
this section. This will not affec	t the decision made on your	application. However, you me	• •	
Food Safety Supervisor(s) with	hin 30 days of receiving the	licence.		
Food Safety Supervisor Name:				
Contact Address:				
Business Hours Contact Number:				
Certification: Copy of certification provided				
Note: A food safety supervisor is a person who has advanced food safety skills and knowledge and the responsibility to oversee food safety operations within a food business on a day-to-day basis. Every licensed food business must have a food safety supervisor to add a level of onsite protection for food safety				



SECTION	ON 7 - APPLICANT SUITABILITY			
Qualific	Qualifications (provide copies of certificates):			
If the ap	ny of the applicants been convicted for a breach of any food legislation? Splicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the tion's management committee are included.			
	No ☐ Yes → Please attach details			
	ny of the applicants previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 19</i> 81 or a ponding law that was suspended or cancelled?			
	pplicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the tion's management committee are included.			
	No ☐ Yes → Please attach details			
	ny of the applicants been refused a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a ponding law?			
If the ap	policing law: plicant is a corporation or incorporated association, an executive officer of a corporation or member of the association's ement committee is included.			
	No ☐ Yes → Please attach details			
SECTI	ON 8 - ATTACHMENTS CHECKLIST			
	Two (2) copies of a Site Plan, drawn to scale not less than 1:100, showing the food premises location, waste storage area, car parking, staff and public toilet facilities, and adjacent land uses.			
	Two (2) copies of a Floor Plan, drawn to scale not less than 1:50, showing details of the layout of all equipment, fixtures and fittings, from a bird's eye-view (see back page for an EXAMPLE FLOOR PLAN). Plans or supporting documentation must include: • Floor, wall and ceiling surface finishes, including colours			
	 Bench surface finishes, including colours Sinks, include location, dimension, tap-ware and proposed use (e.g. hand wash basin, food preparation sink, wash up sink/s) 			
	Location of floor waste and or cleaners sink			
	Light Fitting Design and installation			
	Two (2) copies of Sectional Elevations of the fit out of the premise, drawn to a scale of not less than 1:50, showing a side-on view of the internal walls of the premises, indicating heights of equipment, fixtures and fittings. <i>Note: Photographs may be acceptable for existing premises</i>			
	Two (2) copies of plans of the Mechanical Exhaust Ventilation system, drawn to a scale of not less than 1:50, showing the construction of the canopy and all ducting, including access points to ducting.			
	Certification (Form 12) by a suitably qualified person, which states that any mechanical ventilation is/has, been designed, constructed, installed, certified and is operating in compliance with:			
	 AS/NZS 1668.1:1998 The use of ventilation and air-conditioning in buildings - Fire and smoke control in multi-compartment buildings, and 			
	AS/NZS 1668.2:2012 The use of ventilation and air-conditioning in buildings - mechanical ventilation in buildings.			
	Copy of statement of attainment from a Register Training Organisation, showing the nominated Food Safety Supervisor has completed the competencies required by Queensland Health.			
	Copy of proposed or actual menu			
FAIL	URE TO PROVIDE ALL NECESSARY ATTACHMENTS WILL RESULT IN AN EXTENDED ASSESSMENT PERIOD.			



SECTION 9 - DECLARATION AND SIGNATURE I/we hereby make application for Food Business Licence, and declare the information provided to be true and correct. I/we understand that should any information not be completed or attached, or relevant fees not received with application, this application may be considered not properly made, and returned without assessment.

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Name:		
Signature:	Date:	

SECTION 10 - RELEVANT APPROVALS			
_	Food Licence under the <i>Food Act 2006</i> does not constitute approval ns applicable to your business.	Relevant Approval numbers	
Planning	If your proposal involves a change of the use of the site, you may require Development Approval under the <i>Planning Act 2016</i> . Visit Town Planning – Maranoa Regional Council for further information or Contact Council's Planning Department.		
Trade Waste	A Fixed Premises may require Trade Waste Approval. Visit <u>Trade Waste – Maranoa Regional Council</u> for further information and Contact Council's Trade Waste Department.		
Building and Plumbing	If your proposal involves construction or alteration of buildings, you may require Building and/or Plumbing Approval. Visit Building and Plumbing – Maranoa Regional Council for further information or Contact Council's Building and Plumbing Department.		
Local Laws Outdoor Dining	Approval is required to use Councils Footpath for Outdoor Dining Visit Permits and Licenses – Maranoa Regional Council to download an application form or Contact Council's Environmental Health Department.		

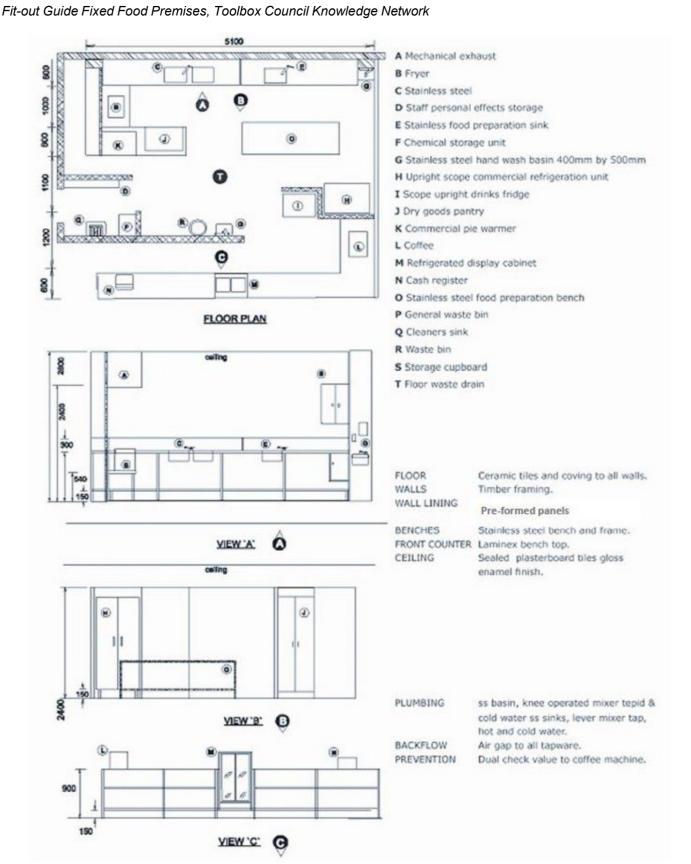
LODGE APPLICATION TO:				
Email:	council@maranoa.qld.gov.au			
Over the counter:	See website for office locations, https://www.maranoa.qld.gov.au/contact-us			
Post:	Maranoa Regional Council, PO Box 620 Roma QLD 4455			
OFFICE USE ONLY				
Date Received:		Fee:		Receipt Number:

Privacy Statement

Maranoa Regional Council is collecting your personal information in accordance with the Local Government Act 2009 in order to assess your request. The information will only be used by authorised officers for the purpose of assessing your request. Your information will not be given to any other person or agency unless you have given us permission or we are required or allowed to by law.



FIXED PREMISES EXAMPLE PLAN





Review the application checklist, and ensure all attachments are supplied; failure to supply a complete application, with all supporting documents may directly impact on the assessment time frame. If you are unsure you have all the correct information for the application, contact an Environmental Health Officer for advice. Have you indicated the appropriate Food Licence you are applying for? Have you correctly nominate the individual or entity to hold, be responsible for this Licence. Have you provided relevant approvals and permit numbers? It is the applicant's responsibility to source all the other relevant approvals and permits. Whilst you may be compliant with the Food Act 2006 by having sufficient sinks in your premises, you may be breaching the Plumbing and Drainage Act 2018 if installed without plumbing approval. Have you accurately provided the proposed, premises details and its street location? This information is important and needs to be accurate as it will be placed on any granted licences. Have you indicated the premises type, commercial or domestic? This is important and will relate back to the assessment of the submitted floor plans, to ascertain if the proposed food handling activities can be safely produces within the proposed premises. Have you indicated all your proposed food handling activities? You can select more than one. Have you attached a proposed or actual menu? This is important as the suitability of the premises; person and the proposed activities can be assessed. Depending on the types of activities proposed and the state of the food premises, restricted or conditional Food Licences may be issued. Have you accurately indicated the hours of operation? This will assist with food safety inspections and suitability of the premises Have you indicated the Food Safety Supervisor along with providing the supporting certificate of completion? If you do not have one yet, or are awaiting the training, please indicate within the application of your intention.	APPLI	CATION CHECKLIST		
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Have you indicated the applicant's skills and knowledge and experiences in food handling and food safety?		Have you indicated the applicant's skills and knowledge and experiences in food handling and food safety?		
Have you accurately completed the legislative questions?		Have you accurately completed the legislative questions?		