HINCHINBROOK SHIRE COUNCIL

FOOD BUSINESS LICENCE

APPLICATION FORM

FOOD ACT 2006

The *Food Business Licence Application* form is to be used to apply for, renew or amend a Food Business Licence issued by Hinchinbrook Shire Council.

Under the *Food Act 2006* Chapter 3 Section 49, a person must not carry on a licensable food business unless the person holds a licence to carry on the business. Maximum penalty—1,000 penalty units.

To return your completed form or for further information, please contact Council's Regulatory Services Department via email, council@hinchinbrook.qld.gov.au, phone 07 4776 4600, in person at Council's Main Office, 25 Lannercost Street INGHAM QLD, or via post PO Box 366, INGHAM QLD 4850.

TYPE OF APPLICATION *Council has 30 days to assess your application and supporting documents.*	
New Food Business Licence	☐ Existing licenced premises ☐ New fit-out
Restoration/Renewal of Licence	☐ Annual Renewal ☐ Restoration
Food Safety Program	☐ New Accreditation ☐ Amendment
Amendment of Licence	☐ Food Business Licence

APPLICANT DETAILS	
Name *(Proprietor/s)* **or Company Name** *(must include Pty Ltd)*	
Director/s Name/s *(if applicable)* *(Attach a separate sheet if required)*	
Postal Address	
Phone	
Email	
Contact Name	
Contact Phone *(if different to above)*	
Contact Email *(if different to above)*	

SUITABILITY OF PERSON TO HOLD A LICENCE *If the applicant is a corporation or an incorporated association, an executive officer of the corporation of a member of the association's management committee are included as "the applicants".*	
Have any of the applicants been convicted for a breach of any food legislation?	☐ No ☐ Yes *(Please attach details)*
Have any of the applicants previously held a licence under the *Food Act 2006*, or corresponding law?	☐ No ☐ Yes *(Please attach details)*
Have any of the applicants been refused a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law?	☐ No ☐ Yes *(Please attach details)*

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FOOD BUSINESS DETAILS	
Food Business Licence Number	
Trading Name *(if applicable)*	
Street Address of Food Premises	
Contact Phone Number	
Contact Email Address	
Description of Business *(ie. café, restaurant, catering, grocery store, mobile food van etc)*	
Amendment Details *(if applicable)* *Please supply details of changes required to your existing Licence.*	
Date Amendment is to take Effect	

COUNCIL FOOD BUSINESS LICENCE ANNUAL FEE CLASSIFICATIONS	
Food Business Licence Category *Please tick relevant Category* *(Please note: Pro-rata fees are applicable for new Food Business Licences dependant on the date of payment. Fees will be confirmed prior to payment/issue of invoice.)*	☐ **$320 - Category 1** Bed and Breakfast, home based domestic kitchens preparing low risk food not requiring temperature control (dry storage food only such as jams, pickles, biscuits, cakes without cream, custard or ganache).
	☐ **$383 - Category 2** Takeaways, cafes, restaurants, childcare centres, convenience stores, service stations, mobile food vehicles/vans/trailers, motels, hotels, bakeries, delicatessens, manufacturers, existing domestic kitchens preparing food requiring temperature control (Cheesecakes, cream/custard/ganache cakes etc).
	☐ **$426 - Category 3 -** On-site and off-site caterers requiring Food Safety Programs.
	☐ **$959 - Category 4** - Businesses with more than one food preparation area.
	☐ **Fee exempt - Category 5** Not-for-profit organisations such as aged care facilities, Meals on Wheels, Private School tuckshops are subject to licence but are fee exempt. Proof of charity status maybe required. A not-for-profit organisation is an organisation engaged in charitable, cultural, educational, political, social welfare, sporting or recreational purpose and is not carried out for the profit or gain of its individual members.
Request for Fee Exemption	Do you wish to apply for exemption of fees on the grounds of being a community or charitable organisation: ☐ No ☐ Yes *(Please provide proof of Charity or Not-for-profit status)*

FOOD SAFETY SUPERVISORS *(Attach separate page if necessary)* *A copy of qualifications must be provided within 30 days for new applications or 14 days from any changes*		
Name/s		
Phone		
Date Qualification Issued		

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INVOICING DETAILS	
Is an Invoice required prior to payment or upon receipt of payment?	☐ **Upon payment, over the phone** *(Please complete contact details below and submit form. A Council Officer will be in touch to organise payment.)* ☐ **Upon payment, at Council's Front Counter** *(Please attend at 25 Lannercost Street Ingham to submit form and make payment.)* ☐ **Prior to payment** *(Please complete details below and submit form)*
Name of Company/Individual required on Invoice	☐ The nominated Applicant on Page One. ☐ Other (*A Council Officer will be in touch to discuss*)
Invoicing Contact Name	
Invoicing Contact Number	
Invoicing Email/Postal Address	

Privacy Notice and Disclaimer

Hinchinbrook Shire Council is collecting your personal information to process your submission as stated in this form. The collection of this information is authorised under the *Local Government Act 2009*. Your personal information will not be disclosed to a third party unless required by law. You may access this information on the appropriate form obtainable from Council's website at any time.

Declaration

☐ I declare that the information provided by me in this application is true and correct;

☐ I have provided the necessary supporting documentation; and

☐ I understand failure to complete this form in full may delay the processing of the application.

Supporting Documentation *(Please tick if relevant/attached)*

☐ No supporting documentation is attached.

☐ Details required under Suitability of Person to Hold a Licence.

☐ Names of Directors.

☐ Names and contact details of Food Safety Supervisors.

☐ Food Safety Supervisor qualifications, where copies have not previously been supplied to Council in the last five years.

☐ Proof of Charity or Not-for-profit status.

☐ Plan of site layout – including location of existing structure and equipment (for new and amended applications only).

☐ Food Safety Program.

☐ The Written Advice for the Food Safety Program.

SIGNATURE REQUIRED			
Applicant Contact Name			
Signature		Date	

OFFICE USE ONLY – REGULATORY SERVICES/ADMINISTRATION TO COMPLETE							
Checked by RS		Fee Category		Fee Amount		FBL#	
Payment Method	☐ Card ☐ Cash	Date Paid		Amount Pd		Rec #	