

This Application is pursuant to the <i>Food Act 2006</i>	<input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk
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<b>APPLICANT DETAILS &amp; DECLARATION</b>  Note: The applicant is the person or company (a 'legal entity') that is <b>legally responsible</b> for the conduct of the business.	Applicant's name: (NB: This is <b>NOT</b> the Business Name) .....
	ACN (if a company): .....
	Address: ..... (If applicant is a company or incorporated association this <u>must be</u> the address of the <u>Registered Office</u> under the <i>Corporations Act</i> or the <i>Associations Incorporation Act 1981</i> )

<b>Name of the individual signing this application on the applicant's behalf. (Do not complete if the declarant is the applicant named above.)</b>	
Title Mr / Mrs / Ms / Miss Other _____	
Family name:	Given names:
Position:	

<b>DECLARATION: SIGN HERE ►</b>	I declare the information provided in this application to be true and correct.	
	Signature	Date     /     /

<b>NAMES OF ALL DIRECTORS/ BUSINESS PARTNERS</b> <small>(Attach a separate sheet if required.)</small>	Name:	Position:
	Name:	Position:
	Name:	Position:

<b>FOOD BUSINESS LICENCE NO.</b>	Licence no. _____	Renewal term: 1 year
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<b>PRIMARY CONTACT PERSON</b>	<input type="checkbox"/> <b>Business</b> <input type="checkbox"/> <b>Private</b>	
	Contact person:	
	Position Title:	
	Postal address:	
	Contact ph:	Mobile:
	Contact fax:	Email:

<b>FOOD SAFETY SUPERVISOR</b>  *(Attachments may be required)	<b>Nomination of food safety supervisor</b> The <i>Food Act 2006</i> requires that every food business nominate a food safety supervisor who is responsible for the day to day food hygiene of the food business. This person must have <b>accredited training</b> and be <b>readily contactable</b> by food handlers at the food business AND Council. * Please <b>attach copies of your food safety supervisor(s) qualifications</b> with this application if your food safety supervisor has changed since your last licence renewal.	
	Name:	
	Address:	
	Business hours contact no.	
	Qualification:	

**Electronic version current. Uncontrolled Copy current only at time of printing**

<b>BUSINESS DETAILS</b>  If a vehicle, advise garage address.  Enter postal address if different from street address	<b>Business name :</b> ..... (The business must be registered with the Australian Securities & Investments Commission)			
	ABN: .....			
	Street address: .....			
	Postal Address: .....			
<b>HOURS OF OPERATION</b>	Monday - Friday	From	_____am/pm to _____am/pm AND from _____am/pm to _____am/pm	
	Saturday	From	_____am/pm to _____am/pm AND from _____am/pm to _____am/pm	
	Sunday	From	_____am/pm to _____am/pm AND from _____am/pm to _____am/pm	
	Other.....	From	_____am/pm to _____am/pm AND from _____am/pm to _____am/pm	
	Closed:	.....		
<b>DESCRIPTION OF BUSINESS</b>	Description of food business: (eg. café, restaurant, catering, groceries, delicatessen, domestic kitchen) .....			
	Does your business involve off-site catering?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, complete details of food transport vehicles below)	
<b>VEHICLE DETAILS FOR A MOBILE FOOD BUSINESS</b>  (Use an additional sheet if necessary)	Do you handle or prepare food in the vehicle?	<input type="checkbox"/> No - Skip to next section <input type="checkbox"/> Yes		
	If yes, how many vehicles do you use?	.....		
	<b>Vehicle details</b>			
	Make & model:	Reg no. ....		
Make & model:	Reg no. ....			
<b>MOBILE FOOD BUSINESSES</b>	Council policy requires mobile food vans to operate within the Hinchinbrook Shire on at least 3 occasions during each licensing period. Failure to do so may result in non-renewal of the food business licence.			
	Please nominate names and dates of at least three events at which you intend to operate:			
	Event: .....	Date: .....		
	Event: .....	Date: .....		
Event: .....	Date: .....			
<b>DISCLOSURE</b>	Have any of the applicants had a conviction for a relevant offence, other than a spent conviction?			
	Have any of the applicants been refused a licence, or 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?  (Note: Applicant includes - 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.)  <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach details			
<b>COMMUNITY &amp; CHARITABLE ORGANISATIONS</b>	<b>Community and Charitable Organisations May Apply for Exemption of Fees</b> Community and charitable organisations are defined as:- 1. An Incorporated Association; and 2. One which is locally managed; and 3. Events that raise funds solely for community & charitable causes and not for personal financial gain.			
	Do you wish to apply for exemption of fees on the grounds of being a community or charitable organisation: <input type="checkbox"/> No <input type="checkbox"/> Yes - <b>You <u>must</u> provide proof of Not For Profit status.</b>			
<b>OFFICE USE ONLY</b>	Date:	Receipt no.	Amount:	

**PRIVACY CLAUSE.** The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.