



PAROO SHIRE COUNCIL

Food Business Licence Application

Food Act 2006

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

For more information please contact:

Paroo Shire Council

Phone: (07) 4655 8400

Email: council@paroo.qld.gov.au

Application is for:

- | | | | |
|---|---------------|--|---------------|
| <input type="checkbox"/> New Application | Fee: \$325.00 | <input type="checkbox"/> Renewal/Annual Licence | Fee: \$170.00 |
| <input type="checkbox"/> Amendment to Licence | Fee: \$60.00 | <input type="checkbox"/> Past Expiry Late Fee | Fee: \$250.00 |
| <input type="checkbox"/> New Mobile (trade anywhere in QLD) | Fee: \$325.00 | <input type="checkbox"/> Restoration (renewal + past expiry) | Fee: \$420.00 |
| <input type="checkbox"/> Renewal Mobile (trade anywhere in QLD) | Fee: \$170.00 | <input type="checkbox"/> Temporary Fee (single event) | Fee: \$60.00 |
| <input type="checkbox"/> Food Safety Program (offsite caterers) | Fee: \$160.00 | <input type="checkbox"/> Replacement Licence | Fee: \$60.00 |

APPLICANT/S DETAILS *If applicant is a company, insert company name and ACN/ABN*

Company name:		ACN/ABN:	
Mr/Mrs/Ms/Miss (please circle) or Other (please specify preference):			
Family name:		Given name/s:	
Position:			

Signature

Date

SECOND APPLICANT/S DETAILS (if applicable) *If applicant is a company, insert company name and ACN/ABN*

Company name:		ACN/ABN:	
Mr/Mrs/Ms/Miss (please circle) or Other (please specify preference):			
Family name:		Given name/s:	
Position:			

Signature

Date

CURRENT FOOD BUSINESS LICENCE NO.

Licence No.:		Expiry date:	
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CONTACT DETAILS

<input type="checkbox"/> Business	<input type="checkbox"/> Private				
Contact person:					
Postal address:					
Locality/suburb:		State:		Post code:	
Phone:		Fax:			
Mobile:		Email:			

OFFICE USE ONLY

Entered by:	
Application no.:	

BUSINESS DETAILS *Business name must be registered with the Office of Fair Trading*

Business name:					
BN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street address: <i>If a vehicle or stall, advise exact location.</i>					
Locality/suburb:		State:		Post code:	
Postal address: <i>Enter if different from street address.</i>					
Locality/suburb:		State:		Post code:	
Contact person:					
Phone:		Fax:			
Mobile:		Email:			

REAL PROPERTY DESCRIPTION *Refer to Rates Notice*

Lot no.:	
Reg. plan no.:	
Parish:	
Description of food business: <i>e.g. cafe, restaurant, cannery, etc.</i>	
Does your business involve any off-site catering?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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VEHICLE DETAILS *If there are additional vehicles, please attach additional vehicle information to this form.*

Do you deliver food in a vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you handle or prepare food in the vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how many vehicles do you use?	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10 <input type="checkbox"/> 11+
Vehicle details:		
Type:		Reg. no.:
Type:		Reg. no.:
Type:		Reg. no.:
Type:		Reg. no.:
Type:		Reg. no.:

CURRENT APPROVAL DETAILS

Please insert your approval number for each approval type issued by Local Government

Approval type	Approval no.	Office Use Only
Building approval		
Plumbing and drainage approval		
Development approval		
Trade waste approval		
Other – please specify		

TRADING DATE/S

If you are applying for a Temporary Food Business Licence please provide the date/s and event/s (if relevant).

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SUITABILITY OF PERSON TO HOLD A LICENCE

Skills and knowledge of applicants to sell safe and suitable food:

Have any of the applicants been convicted for a breach of any food legislation? *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 are included.*

☐ YES ☐ NO If yes, please attach details

Have any of the applicants previously held a licence under the Food Act 2006, the Food Act 1981 or a corresponding law that was suspended or cancelled? *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 are included.*

☐ YES ☐ NO If 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? *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 are included.*

☐ YES ☐ NO If yes, please attach details

NOMINATION OF FOOD SAFETY SUPERVISOR

Note: If you do not know the details of your food safety supervisor(s) at this time, do not complete this section. This will not affect the decision made on your application. However, you are required to provide the local government details of your food safety supervisor(s) within thirty (30) days of receiving your licence.

Food safety supervisor details:

Name:

Address:

Business hours contact no.:

AMENDMENTS *Complete only if applying for an amendment*

Provide details of proposed amendments.



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ATTACHMENTS

1. Two (2) copies of a Site Plan, drawn to scale not less than 1:100, showing the food premises location, waste storage, car parking, staff and public toilet facilities and adjacent land uses.
2. 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 in a bird's eye view (looking down on the premises).
3. Sink details should be provided, including the type of sink (single bowl, double bowl, triple bowl, was hand basin, or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finished used on equipment, fixtures, fittings, floors, walls and ceilings (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting).
4. Two (2) copies of Sectional Elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable).
5. Two (2) copies of Hydraulic plan (plumbing and drainage plan), drawn to scale of not less than 1:50, showing the location of water and sewerage pipes and connection types, tundishes and grease traps.
6. Two (2) copies of a Mechanical Exhaust Ventilation Plan, drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed.
7. Two (2) copies of a Transport Vehicle Plan, drawn to scale of not less than 1:50, showing details of the layout of all the equipment, fixtures and fittings and the types of materials used.
8. Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable).

This application and fee must be lodged with your local Council.

Please return the form to and/or for more information contact:

Paroo Shire Council

Phone: (07) 4655 8400

Email: council@paroo.qld.gov.au

By post: Attn: Food Business Licence Application

Paroo Shire Council

PO Box 75

Cunnamulla Q 4490

In person: Civic and Community Enterprise Centre (CCEC)

49 Stockyard St

Cunnamulla Q 4490

OFFICE USE ONLY

Fee:		Date:	
Scheduled category:		File no.:	
Receipt no.:		Access no.:	
Registration no.:		Licence no.:	

The Information collected in this form will be used by Council for a lawful purpose directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the Right to Information ACT 2009) or as required by the Public Records Act 2002.