

Gladstone Regional Council

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GLADSTONE
REGIONAL COUNCIL

Food Act 2006
S72

Food Business Licence Amendment

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.

Application is for

Application Fee \$ _____ Current Food Business Licence No: _____

Applicant/s details

If applicant is a company,
insert company name and
ACN / ARBN

Company name _____ ACN / ARBN _____

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

I declare the information provided in this application to be true and correct.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

I declare the information provided in this application to be true and correct.

Signature _____ Date / /

Contact details

Select as applicable.

Business Private

Contact person _____

Postal address _____

Locality / Suburb _____

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Office Use Only

Entered by _____

Application no. _____

Current Licencee Details

If applicant is a company, insert company name and ACN / ARBN

Company name	ACN / ARBN
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <input type="text"/>
Family name	
Given names	
Position	
I declare the information provided in this application to be true and correct.	
Signature	Date <input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <input type="text"/>
Family name	
Given names	
Position	
I declare the information provided in this application to be true and correct.	
Signature	Date <input type="text"/>

Business details

Business name must be registered with the Office of Fair Trading.

If a vehicle or stall – advise exact location??

Enter postal address if different from street address.

Business name	BN <input type="text"/>	
Street address		
Locality / Suburb	State <input type="text"/> Postcode <input type="text"/>	
Postal address		
Locality / Suburb	State <input type="text"/> Postcode <input type="text"/>	
Contact person		
Contact ph. <input type="text"/>	Mobile <input type="text"/>	
Contact fax <input type="text"/>	Email <input type="text"/>	
Lot no.	Reg. plan no.	Parish
Description of food business: (eg. café, restaurant, cannery, etc)		
Does your business involve any off-site catering? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Real property description – refer to Rates Notice.

Vehicle details

Do you deliver food in a vehicle? Yes No

Do you handle or prepare food in the vehicle? Yes No

If yes, how many vehicles do you use? 1 - 5 6 - 10 11+

Vehicle details	
Type	Reg no.
Type	Reg no.
Type	Reg no.

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

Attachments

The attachments detailed below are required and necessary documentation (including plans) MUST be submitted with ALL applications.

The only exception is if the application relates to an existing, currently operating food premises where there have been NO structural alterations (in this instance plans *may not* be required). *i.e. – Amendment of Licensee details*

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).
Sink details should be provided, including the type of sink (single bow, 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).
3. 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).
4. 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.
5. 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.
6. 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.
7. Full explanation of selected box/es in the Suitability of person to hold a licence section (if applicable).

Please note: This application and fee MUST be lodged with your Council.

Office use only

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