

Gladstone Regional Council

101 Goondoon St, Gladstone
PO Box 29
Gladstone QLD 4680

Telephone 07 4970 0772 Facsimile 07 4970 0792

Website: www.gladstonerc.qld.gov.au



GLADSTONE
REGIONAL COUNCIL

Food Act 2006
S72

Food - Design Approval Application

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 \$ _____

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 / /

Select as applicable.

Contact details

Business Private

Contact person _____

Postal address _____

Locality / Suburb _____ State Postcode

Contact ph. Mobile

Contact fax Email _____

Office Use Only

Entered by _____

Application no. _____

Business name must be registered with the Office of Fair Trading. If a vehicle or stall – advise exact location??	Business details		
	Business name		BN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Street address		
Enter postal address if different from street address.	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Postal address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Real property description – refer to Rates Notice.	Contact person		
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____	
	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			

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

Current approval details <i>Please insert your approval number for each approval type issued by Local Government.</i>		
Approval Type	Approval No.	Office Use Only
Building approval		
Plumbing and drainage approval		
Development approval		
Trade waste approval		
Other – please specify		

This information will assist in the processing of your application. Please complete for food premises only.	Type of Foods Handled - Please tick all boxes that apply	
	<input type="checkbox"/> Fish / Seafood Products <input type="checkbox"/> Chilled / Frozen Products <input type="checkbox"/> Bakery Products <input type="checkbox"/> Sandwiches <input type="checkbox"/> Alcohol <input type="checkbox"/> Raw Meats / Frozen Meat / Poultry <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Meat Pies	<input type="checkbox"/> Vegetables / Fruit <input type="checkbox"/> Ice <input type="checkbox"/> Confectionery <input type="checkbox"/> Eggs <input type="checkbox"/> Rice / Pasta <input type="checkbox"/> Cooked Meats <input type="checkbox"/> Milk / Icecream / Yoghurt / Cheese <input type="checkbox"/> Private Water

Attachments

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

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.