

Please complete all details in full.

Privacy Statement

Maranoa Regional Council is collecting your personal information in accordance with the *Local Government Act 2009* in order to assess your request. The information will only be used by authorised officers for the purpose of assessing your request. Your information will not be given to any other person or agency unless you have given us permission or we are required or allowed to by law.

Maranoa Regional Council

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SECTION 1 – APPLICATION TYPE

What are you applying for? *Tick ONE*

- Application for Food Licence - *Please select relevant category.*
- New** food business licence; or
 - New** food business licence with Food Safety Program Accreditation; or
 - New** food business with minor administrative change to licensee details.
- Amendment** to existing licence. *Please select relevant amendment category.*
- Addition of food premise(s) to be added to an existing licence; or
 - Amendment to premise(s) fit-out; or
 - Change to licence details; or
 - Change to licence conditions. *Please specify licence conditions for amendment in an attachment; or*
 - Food safety program accreditation.

What type of premises is the application for?

- Fixed Mobile Temporary

If you have selected mobile premises, please tick the appropriate category below:

- Mobile food vehicle Food vending machine

Mobile Food Vehicle – Please provide details and certificate of insurance

Registration Number	Make
Model	Colour
Mobile Food Trailer	Food Vending Machine
Registration Number	Serial Number

If you have selected temporary premises, please tick the appropriate category below:

- One off event - No. of days: _____ 1 to 10 stalls (application must be made by event organiser)
- For more than 12 days More than 10 stalls (application must be made by the event organiser)

Does a valid Development Permit exist for this activity?

- No** → you are responsible for investigating what other approvals your proposal requires to determine the suitability of the site for your proposed use.
- Yes** → Reference no: _____

If your proposal involves a change of the use of the site or construction or alteration of buildings, you may require Development Approval under the Planning Act 2016, and /or other approvals such as building or plumbing etc. It is your responsibility to ensure you obtain all relevant approvals.

A Licence under the Food Act 2006 does NOT constitute approval for other aspects of your business.

SECTION 2 – APPLICANT DETAILS

Who is making this application?

- Individual(s) → Go to next question 2, A Company/Incorporated Association → Go to Section 2, B.

A – Name(s) of individual(s) making this application

Applicant 1

- Mr Mrs Miss Ms

Last/Family Name

First/Given Name

Address

Suburb

State

Postcode

Phone

Mobile

Email

ABN/ACN (if applicable)

Applicant 2

- Mr Mrs Miss Ms

Last/Family Name

First/Given Name

Address

Suburb

State

Postcode

Phone

Mobile

Email

ABN/ACN (if applicable)

B – Is a Company/Incorporated Association applying to be the operator of the Food Business?

A trading name or trust is not a legal entity and cannot hold a food licence.

No → Go to Section 2, A

Yes → Provide details below and complete attachment 1

Name of Company/Incorporated Association

Registered Office Address of Company/Incorporated Association

This is the address where you can receive legal documents. This may be the same address as the location of the activity. A PO BOX cannot be a registered office address.

Address

Suburb

State

Postcode

Postal details of Company/Incorporated Association

Address

Suburb

State

Postcode

Contact Details of Company/Incorporated Association

Business Phone

Business Mobile

Business Email

ABN/ACN (if applicable)

APPLICANT SUITABILITY

Note: Where this application is in the name of a company, these questions apply to all the executive officers of the Company. Where the application is made by individual(s) these questions also apply.

Attach a separate document detailing responses if further space is required.

Have you been convicted of an offence under any food legislation?

Tick ONE. If yes provide details.

No Yes

Have you been issued with one or more penalty infringement notices under the *Food Act 2006*?

Tick ONE. If yes provide details.

No Yes

Have you ever had a licence under the *Food Act 2006*, the *Food Act 1981* or a corresponding law that was suspended or cancelled?

Tick ONE. If yes provide details about the licence, when it was cancelled or suspended and the reasons why.

No Yes

Have you been convicted of any offence under food legislation in another state or country?

Tick ONE. If yes provide details.

No Yes

Have you owned or operated a business with activities similar to that for which you are making this application?

Tick ONE. If yes include details about size, location and nature of the operation.

No Yes

Do any of your previous roles, responsibilities and education provide you with knowledge that may be relevant to your application?

Tick ONE If yes provide details.

No Yes

PREMISES SUITABILITY

Fixed/mobile premises → Premises suitability will be considered during this application as part of the assessment.

Temporary premises → Plans of the site layout will be required to be submitted

Have you attached plans of the temporary premises?

No Yes (please attach to this application)

FOOD SAFETY SUPERVISOR (FSS)

Do you have a FSS to nominate for this Food Business?

No (The FSS is unknown at this time).

Note: *This will not affect the decision made on your application. However, you are required to provide the details of your food safety supervisor(s) within thirty (30) days of your licence taking effect.*

Yes (Please provide details below).

Individual 1		Individual 2 (optional)	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Last/Family Name		Last/Family Name	
First/Given Name		First/Given Name	
Address		Address	
Suburb		Suburb	
State	Postcode	State	Postcode
Phone		Phone	
Mobile		Mobile	
Email		Email	

FOOD BUSINESS DETAILS

Trading name

What is the primary location where the food business will be carried out? If more than one location, provide details as an attachment.

NOTE: *For mobile premises, you need to provide an address where the mobile premises can be inspected within Maranoa Regional Council Area.*

For temporary premises, you need to provide details of any proposed locations of the premises to be used for this purpose. For example: Big Rig Parklands or for multiple locations: Big Rig Parklands, Lions Park and XYZ markets etc.

Address

Suburb	State	Postcode
Lot/Plan(s) (if known)		
Business Phone	Business Mobile	
Business Email		
Preferred Contact Person		

Which of the following categories of Food Businesses apply to this application?

NOTE: *Off-site catering, on-site catering and food provided to vulnerable persons (child care centres, aged care facilities and food providers and delivery meal organisations) require a Food Safety Program.*

- | | |
|--|---|
| <input type="checkbox"/> Sale of unpackaged food by retail | <input type="checkbox"/> Homebased |
| <input type="checkbox"/> Off-Site Caterer/On-Site Caterer | <input type="checkbox"/> Processing food for delivery to vulnerable persons |
| <input type="checkbox"/> Child Care Centre | <input type="checkbox"/> Sale of meals at least 12 times each financial year by non-profit organisation |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Other - Please specify _____ |

Provide details regarding the nature of the catering operation.

NOTE: Also attach details of all mobile food vehicles involved in the catering operation

What is the nature of the food business?

For example:

- (a) Washing, preparation, packaging and distribution of ready to eat salads.
- (b) Preparation, cooking to order and table service of Thai style cuisine.
- (c) Home business producing and bottling of jams and chutneys for commercial sale.

What is the intended commencement date to start trade?

What are the expected hours of operation?

Do you intend to provide outdoor dining on Council's Footpath?

No

Yes → Please contact Council for an Application for Outdoor Dining in the Road Reserve form and submit with this application.

SECTION 3 – DECLARATION

Note: Providing false or misleading information in this application may lead to legal action or prosecution.

I declare that:

- I am the applicant or an authorised signatory for the applicant.
- The information provided is true and correct to the best of my knowledge. I understand that it is offence under Section 268 of the *Food Act 2006* to provide Maranoa Regional Council (MRC) or an authorised person, documentation containing information that I know is false, misleading or incomplete.
- I understand that all information provided with this application form may result in the application being refused.
- I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

Applicant 1	Applicant 2
Name of Individual/Organisation	Name of Individual/Organisation
Name of Signatory (if applicant is organisation)	Name of Signatory (if applicant is organisation)
Position of Signatory	Position of Signatory
Signature	Signature
Date	Date

SECTION 4

- Application form has been signed and completed.
- Additional nominations for Food Safety Supervisor attached if applicable.
- Company / Incorporated Association – Attachment 1 completed.**

Food Safety Program Requirements (if applicable):

If you require an accredited food safety program you will also need to submit with this application:

- Two (2) copies of the Food Safety Program
- Written advice from an approved food safety auditor stating that the food safety program complies with the criteria in section 104 of the *Food Act 2006*.

Temporary Food Stall Plan/Layout Requirements

(if applicable):

- Copy of floor plan/layout attached to this application

ATTACHMENT 1 – DIRECTORS/MEMBER OF THE MANAGEMENT COMMITTEE

This form is to be completed when the application is being made by a company or incorporated association and must be returned with your application.

Full Name of Company/Incorporated Association

Registered Address for Company or Association (this cannot be a PO Box)

ABN:

ACN

Print the names of each director or member of the management committee

Company Directors/Incorporated Association Management Committee Members

Title	Last/Family Name	First/Given Name	Contact No.