

APPLICATION FOR POTABLE WATER CARRIER LICENCE

Food Act 2006



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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Phone: 1300 007 662

Fax: 4624 6990

Email: council@maranoa.qld.gov.au

Web: www.maranoa.qld.gov.au

APPLICATION REQUIREMENTS AND INFORMATION

Application to be completed and submitted along with supporting documentation 5 working days prior to date required.

WHAT TYPE OF BUSINESS LICENCE ARE YOU APPLYING FOR?

New Water Carrier Licence

Transfer of Licence

Amendment of Licence

APPLICANT (LICENSEE) DETAILS

Entity type Corporation Incorporated association Individual / other entity

Name (Family trust is not a legal entity for a food business licence)

Postal address

Suburb

State

Postcode

Phone

Mobile

Email

PUBLIC LIABILITY INSURANCE – PLEASE PROVIDE CERTIFICATE OF CURRENCY

Name of Insurance Company

Policy Number

Date Policy Expires

SOURCE AND LOCATION OF WATER

Details of where water is obtained

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VEHICLE DETAILS				
Tanker	1	2	3	4
Registration No. Including Trailer				
Model (Make / Year)				
Capacity of tank				
Tank Construction Material				
Internal Lining				
Is a backflow prevention device fitted? Y/N				

SUPPORTING DOCUMENTATION					
Roadworthy certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Motor Vehicle Registration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide details of the cleaning and inspection process used to ensure sterilization of the water tanker					
List full names of all persons operating the water tanker					
Provide details of the delivery pump to be used					
Provided copies of any expert advice or technical information relevant to the application that would assist the local government authority in determination of the application				<input type="checkbox"/> YES	<input type="checkbox"/> NO

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APPLICANT DECLARATION

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

I declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

I am aware that it is an offence to knowingly provide false or misleading information. I am also aware that it is an offence to commence operating a food business without an approved food business licence.

Name of Individual/Organisation

Name of Signatory (If applicant is an organisation)

Position (Proprietor, Director, Manager etc)

Signature

Date

OFFICE USE ONLY

Date Received

TRIM Application
TRIM Permit

Receipt Number

Licence Number