

This form is to be used to restore your current food business licence and be lodged withing 30 days 1 October

SECTION 1 – FOOD BUSINESS DETAILS - ALL SECTIONS MUST BE COMPLETED

Food Business Licensee Name:

Business Trading Name:

Company Director Name:

Food Licence Number: **EH 35/**

ABN:

Class/Description (select all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Aged Care Facility | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Café or Restaurant | <input type="checkbox"/> Child Care Centre |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Mobile Camp Kitchen | <input type="checkbox"/> Fixed Camp Kitchen | <input type="checkbox"/> Home Based Kitchen |
| <input type="checkbox"/> Mobile Food Vehicle | <input type="checkbox"/> Mobile Food Trailer | <input type="checkbox"/> Off Site Catering | <input type="checkbox"/> On Site Catering |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Takeaway Food Bar | <input type="checkbox"/> Water Carrier | |

Mobile Vendor – Vehicle Registration Number/s:

Premises Address:

Postal Address:

Phone:

Mobile:

Business Email/s (Direct Contact, Inspection Correspondence & Food Recalls):

Licensing Email/s (Renewals & Licence Fees):

Food Safety Supervisor/s:

Mobile:

Potable Water Supply:

☐ Town water supply

☐ Private water supply

SECTION 2 – DECLARATION

I declare that:

- I am the applicant or an authorised signatory for the applicant and apply for the renewal of the Food Business Licence pursuant to the *Food Act 2006*.
- 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 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 Name of Individual/Organisation:

Applicant 2 Name of Individual/Organisation:

Position of Signatory:

Position of Signatory:

Signature:

Signature:

Date:

Date:

LODGE APPLICATION TO:

Email: council@maranoa.qld.gov.au

Over the counter: See website for office locations, <https://www.maranoa.qld.gov.au/contact-us>

Post: Maranoa Regional Council, PO Box 620 Roma QLD 4455

OFFICE USE ONLY

Date:

Fee:

Receipt No.:

NAR:

AR:

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.