Customer Contact **1300 COUNCIL (1300 268 624)** 07 4679 4000

www.wdrc.qld.gov.au info@wdrc.qld.gov.au



Fee

Application for Food Business New Licensee 2023/2024 Food Act 2006

IMPORTANT NOTICE

S S **Application Licence Type**

Western Downs Regional Council is collecting personal information you supply on this form in accordance with Food Act 2006. The personal information collected on this form will be used to administer the act and maintain a register of Licensed Premises. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Queensland Health for the purpose of administering the act. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the Information Privacy Act 2009.

□ Fixed High Risk Premises¹ (up to 30 day assessment) \$365.					\$365.00	
☐ Fixed Medium Risk Premises² (up to 30 day assessment)						\$235.00
☐ Mobile Medium Risk Premises (up to 30 day assessment)						\$235.00
☐ Urgent Food Licence Application³ - Medium Risk Premises (up to 10 day assessment)						\$1,700.00
□ Urgent Food Licence Application³ - Mobile Medium Risk Premises (up to 10 day assessme						\$1,700.00
On-site Caterer. 2 Includes Workers Act Program. 3 Urgent Applications (NOTE: Urgent applica	generally require an accredited Food Safet commodation Camp Kitchens must be licens (10 business day assessment) are subject to ations will revert to standard application if the	sed as Mobile o availability, a application is	Premises or as a High R and must be confirmed v not complete, or require	isk Premise vith an Office es further info	s for those requiri er prior to applica ormation; no reful	ng a Food Safety tion. nds.
Applicant:						
(individual or corpora	ition)					
Trading Name:						
Directors/ Contact Na	me:					
Registered Addres	SS:					
Suburb:			Post Code:			
Postal Address:						
Suburb:			Post Code:			
Phone (h):			Phone (w):			
Phone (m):			Fax:			
Email Address:			•	•		
Premises Details (fo	or fixed, domestic or camp kitchen premise)				<u>'</u>
roperty Name:			Lot on Plan:			
ddress:						
uburb:			Postcode:			
ite Contact:		_	Phone (m):			
remise Type:	Commercial	Dom	nestic		Temporar	у
						

Premises Details (fo	or mobile premises)							
Vehicle Registration:								
Local Inspection Address:								
Suburb:				Postcode:				
Primary Activity (Tio	k all relevant food handling a	activities to be u	undertaken through	nout the licence perio	iod)			
□* Childcare/after scho	ool meals	⊠Fruit and vegetables (cutting & display)			□Supermarket			
□* Caterer - off-site onl	ly	□Convenience store			□Bed & breakfast			
□* Caterer - on-site/off	site	□Bakery & pastries			☐Beverage manufacture			
	□* Hospital meals/ aged care facility / providing food to vulnerable persons		☐Temporary food stall (events/ market / land based activity or partly land based)			☐Mobile Food Vehicle (all activities undertaken within the vehicle)		
□* Camp kitchen/ worke	ers accommodation	□Potable water carriers			□Jams & preserves			
□Café/restaurant	□Café/restaurant		□Cakes & biscuits/slices			□Take away food premises		
□Food manufacturer		□Delica	tessen			□Packaged food only		
Additional Information:	Additional Information:		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
* High-risk food premises n	nay be required to hold	d an accrec	lited Food Safe	ty Program. Co	ontact Cou	ncils Environmental Health Officer to		
Nature of the food:								
(hot-box, burgers,								
salads, quiche, roasts)	Monday				riday:			
	Tuesday:	Monday: Friday: Tuesday: Saturday:						
Hours of Operation:	Wednesday:	•			Sunday:	,		
	Thursday:							
	w the details of your f ur application. Howev	er, you are	required to pr			elete this section. This will not affect the nent details of your food safety		
Food Safety Supervisor Name:								
Contact Address:								
Suburb:					Postcode:			
Business Hours Contact Ph	none:							

Copy provided - a copy of the statement of attainment is required as conformation

Certification:

Applicant Suitabili	ity (Attach copies of certifications)	
Previous experience:		
Previous experience.		
Qualification/s:		
Additional skills:		
, ,,	been convicted for a breach of any food legislation? If the a poration or a member of the association's management cor	applicant is a corporation or an incorporated association, an mmittee are included.
□No	☐Yes, please attach details	
	previously held a licence under the Food Act 2006, the Foose a corporation or an incorporated association, an executive re included. Yes, please attach details	
	been refused a licence under the Food Act 2006, the Food	Act 1981 or a corresponding law? If the applicant is a
,	association, an executive officer of a corporation or membe	. •
□No	☐Yes, please attach details	
□ Copy of statement competencies require □ If, under section 99 food safety program in accordance with s	ed by Qld Health. 9 of the Food Act 2006, the applicant must have an accre must accompany this application. This is also to be accor sections 56 and 103 of Food Act 2006 or payment of the Please note that submission of a Food Safety Program wit	essed) owing the nominate Food Safety Supervisor has completed the dited food safety program for the food business, the propose impanied by Notice of Written Advice from an approved auditor relevant fee for accreditation of this program, if not submitted the host program is deemed to be submission for accreditation.
FAILURE TO PROVIDE	E ALL NECESSARY ATTACHMENTS WILL RESULT IN AN EXT	TENDED ASSESSMENT PERIOD.
	npleted or attached, or relevant fees not received with appli	n provided to be true and correct. I/we understand that should ication, this application may be considered not properly
Print Name:	Signature:	Date / /

Payment on this application is considered an invoice; ABN: 91 232 587 651. NO GST is applicable on Licence Fees.

Office Use Only

Assessment number:	EH No.:		
Amount paid:	\$ Date paid:	/	/

Application Checklist

Review the Attachment checklist, and ensure all attachments are supplied; failure to supply a complete application, with all supporting documents will directly impact on the assessment time frame.

If you are unsure you have all the correct information for the application, contact an Environmental Health Officer for advice.

☐ Have you indicated the appropriate Food Licence you are applying for?
☐ Have you completed the Applicants details? Eensure you correctly nominate the individual or entity to hold, be responsible for this Licence.
☐ Have you accurately provided the proposed, premises details and its street location? This information is important and needs to be accurate as it will be place on any granted licences.
☐ Have you indicated the premises type, commercial, temporary or domestic? This is important and will relate back to the assessment of the submitted floor plans, to ascertain if the proposed food handling activities can be safely produces within the proposed premises.
☐ Have you indicated all your proposed food handling activities? You can tick more than one.
☐ Have you attached a proposed or actual menu? This is important as the suitability of the premises, person and the proposed activities can be assessed Depending on the types of activities proposed and the state of the food premises, restricted or conditional Food Licences may be issued.
☐ Have you accurately indicated the hours of operation? This will assist with food safety inspections and suitability of the premises.
☐ Have you indicated the Food Safety Supervisor along with providing the supporting certificate of completion? If you do not have one yet, or are awaiting the training, please indicate within the application of your intention. You are allowed an additional 30 days, after a Food Business Licence has been issued to provide this information.
☐ Have you indicated the applicant's skills and knowledge and experiences in food handling and food safety?
☐ Have you accurately completed these legislative questions?
\square Have you attached details of the make, model and registration details of all vehicles proposed to be used?
☐ Have you included the details for the number of functions per year over 200 people?

Council Contact Details

Chinchilla Customer Service Centre 80-86 Heeney Street, Chinchilla Qld 4413 Monday to Friday 8am - 5pm

Dalby Customer Service Centre 30 Marble Street, Dalby Qld 4405 Monday to Friday 8am - 5pm

Jandowae Customer Service Centre 22 George Street, Jandowae Qld 4410 Monday to Friday 9am - 5pm



Miles Customer Service Centre 29 Dawson Street, Miles Qld 4415 Monday to Friday 8am - 5pm

Tara Customer Service Centre 19 Fry Street, Tara Qld 4421 Monday to Friday 8am - 5pm

Wandoan Customer Service Centre 6 Henderson Road, Wandoan Qld 4419 Monday to Friday



Postal address: Western Downs Regional Council, PO Box 551, DALBY QLD 4405