

Select as applicable.	Contact details	
	<input type="checkbox"/> Business	<input type="checkbox"/> Private
	Contact person	
	Postal address	
	Locality / Suburb	
	State	Postcode
Contact ph.	Mobile	
Contact fax	Email	

Schedule Current Food Premises no.	Class or description of business	
	Licence no.	Expiry date
	Bakery and pastry cook	Food shop
	Café / Restaurant	Takeaway food bar
	Cannery	Other (specify)
	Cordial and soft drink factory	
Food manufacturer / Packer		

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.	Business details		
	Business name	BN	
	Company name	ACN / ARBN	
	Street address		
	Locality / Suburb	Postcode	
	Postal address		
Enter postal address if different from street address.	Locality / Suburb	Postcode	
	Contact ph.	Mobile	
	Contact fax	Email	
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	Hours of business	From	To

Suitability of person to hold a licence
Skills & knowledge of applicant/s to sell safe and suitable food:

Nomination of a Food Safety Supervisor
Note: If you do not know the details of your Food Safety Supervisor(s) at this time, do not complete this section. However, you are required to provide Council details of your Food Safety Supervisor(s) (with copy of certificate) within thirty (30) days of receiving your licence.
Food Safety Supervisor details:
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other(specify) <input type="checkbox"/>
Family Name:
Given Names:
Business hours contact number: <input type="checkbox"/>

Refer to definitions ✓ Tick the suitable box in each table	Priority Classification for Food Business Food type and intended use by customer		
	FOOD TYPE AND INTENDED USE BY CUSTOMER	SCORE	✓
	High-risk foods that are ready-to-eat	35	<input type="checkbox"/>
	Medium-risk foods that are ready-to-eat	25	<input type="checkbox"/>
	High-risk foods that are NOT ready-to-eat	15	<input type="checkbox"/>
	Medium-risk foods that are NOT ready-to-eat	5	<input type="checkbox"/>
	Low-risk foods that may or may-not be ready-to-eat	0	<input type="checkbox"/>
Business Score			

Activity of food business		
ACTIVITY	SCORE	✓
High and medium-risk ready-to-eat foods are handled during processing or manufacturing of food.	25	<input type="checkbox"/>
High and medium-risk ready-to-eat foods are only portioned before receipt by the customer.	20	<input type="checkbox"/>
Low-risk or non-ready-to-eat foods are handled during processing or manufacturing of food.	15	<input type="checkbox"/>
A catering business prepares and serves food at a different location	15	<input type="checkbox"/>
Storage, distribution or sale of pre-packaged food only.	5	<input type="checkbox"/>
Business Score		

Method of processing		
PROCESSING	SCORE	✓
A pathogen reduction step is performed during processing by the food business prior to sale.	-10	<input type="checkbox"/>
A pathogen reduction step is NOT performed during processing by the food business prior to sale.	0	<input type="checkbox"/>
Business Score		

Customer base		
CUSTOMER BASE	SCORE	✓
The food business is NOT a small business (> 10 employees)	10	<input type="checkbox"/>
The food business is a small business (< 10 employees)	5	<input type="checkbox"/>
Business directly supplies food at-risk groups	20	<input type="checkbox"/>
Business Score		

Add business scores to determine Risk Classification	Priority Classification		
	RISK	SCORE	✓
	Low	39 or less	
	Medium	40-64	
	High	65 or more	
BUSINESS SCORE			

If there are vehicles please attach vehicle information to this form.	Delivery Vehicles					
	Do you deliver food in a vehicle?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
	Do you handle or prepare food in a vehicle?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
	If yes, how many vehicles do you use>	1-5	<input type="checkbox"/>	6-10	<input type="checkbox"/>	11+ <input type="checkbox"/>
	Vehicle details					
Type	Rego. No.					

Current approval details Please insert your approval number for each approval type issued by local government		
Approval Type	Approval Number	Office Use Only
Building approval		
Plumbing and drainage approval		
Development approval		
Trade-waste approval		
Other-please specify		

Have any of the applicants been convicted for a breach of any food legislation? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.
 Yes No If yes, please attach details

Have any of the applicants previously held a licence under Food Act 2006, the Food Act 1981 or a corresponding law that was suspended or cancelled? *If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.*
 Yes No If yes, please attach details

Have any of the applicants been refused a licence under the Food Act 2006, the Food Act 1981 or a corresponding Law? If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.
 Yes No If yes, please attach details

Checklist	
Check you have all of the following approvals, if required, prior to submitting your application	<input type="checkbox"/> Building approval <input type="checkbox"/> Plumbing and drainage approval <input type="checkbox"/> Development approval <input type="checkbox"/> Trade waste approval
Have you completed all sections of the application form?	<input type="checkbox"/> Food licence application form
Check that you have included 2 copies of each of the following plans:	<input type="checkbox"/> Site plan <input type="checkbox"/> Floor plan <input type="checkbox"/> Sectional elevation plans <input type="checkbox"/> Hydraulic plans <input type="checkbox"/> Mechanical exhaust ventilation plans <input type="checkbox"/> Transport vehicle plan (if applicable)
If you are a wholesaler, supplier, manufacturer or importer, have you included your recall system?	<input type="checkbox"/> Yes
Make sure that you have included the following fees	<input type="checkbox"/> Application fee <input type="checkbox"/> Licence fee

Signature (Please sign) _____
Date (Please insert Date/Month/Year) ____/____/____

Lodgement
Provide a completed application form, supporting documentation (if required) and appropriate fee to Council – see address at the beginning of the form.
Please note: This application and fee MUST be lodged with Council.

Office use only

G/L number: 3105-1000-0001

Application fee: Receipt number:

Date: Received by:

DWs #:

Application: approved refused

Authorised officer:

Comment:

Date: