

Fees and Charges

Application No.

Application Fee

This fee applies to the lodgement and assessment of the Application and one inspection* prior to opening (Final Inspection)

Annual Licence and Inspection Fee

This fee applies to the issuing of a licence / approval for the stated term and all routine inspections* to be undertaken during the period for which the licence / approval is valid.

An application for a new Food Business Licence must be accompanied by the Application Fee and the Annual Licence and Inspection Fee

*Any additional follow-up inspections to verify compliance may incur an additional inspection fee.

Please refer to the Fees and Charges Schedule in place at the time of making this Application for fee amounts. The Fees and Charges Schedule for the current financial year can be accessed on Winton Shire Council's website.

Definitions

Term	What it means
Amendment	An administrative amendment to a licence only and may include the addition or removal of a licensee or a change in the business trading name. A new certificate will be issued upon approval of an amendment application that reflects the required changes.
Alteration	A minor or major alterations to an existing approved premises and may include the installation of an additional hand wash basin or an extension to an existing kitchen facility. Council's Environmental Health Section will determine whether the proposed alterations are minor or major in nature. Council approval of an alteration application is required prior to works being undertaken. Note: The complete removal and replacement of an existing facility will require a New Food Business Licence Application for the construction and fit-out of a new premises.

Section 1 – Application type

- Construction and Licence of new food business ☐ Yes or ☐ No
- New Licence (existing food business) ☐ Yes or ☐ No
- Mobile Food Vehicle Licence ☐ Yes or ☐ No
- New Licence for an Approved Share Kitchen facility
Only applies to an existing approved kitchen facility being used by at least one other licensed food business ☐ Yes or ☐ No
- New Licence for a Home Based Kitchen facility ☐ Yes or ☐ No
- Amendment of Licence details
Complete Sections 2-4, 9 and 21 only ☐ Yes Existing
- Alternation / refit of existing food business
Complete Sections 2-3 and 11-21 only ☐ Yes Licence
 No.

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose for which the completion of this form is intended and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.



Section 2 – Applicant details

The applicant is the **Owner** of the business. Trust funds are not acceptable (refer s53 Food Act 2006)
Complete **either** the Individual Applicant/s Section **or** the Registered Entity / Company only
If a Company, insert the Company Name and Australian Company Number (ACN).

Individual Applicant/s only

Applicant 1

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Other

Surname

Given name/s

Applicant 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Other

Surname

Given name/s

Registered entity / company only

Company name

Director/s name/s

ACN

Section 3 – Contact and business details

Business name relates to the Trading Name of the business and will appear of the Food Business Licence.

Business Trading Name

Residential / company address

Postal address
(if different from above)

Business phone

Business email

Onsite contact person

Phone Mobile After hours

Email

Section 4 – Amendment details (if applicable)

Complete this section only if making amendments to your existing Food Business Licence.

Licensee name

Licence Number

Change of business trading name

☐ Yes ☐ No

New trading name (if applicable)

Removal or addition of Licensee/s

☐ Yes ☐ No

Additional Licensee name/s
(if applicable)

Licensee name/s to be removed
(if applicable)

Change of Licensee from individual to company (the existing individual
Licensee must be a director of the registered company entity)

☐ Yes ☐ No

Company name (if applicable)

Additional Licensee name/s
(if applicable)

Director/s name/s (if applicable)

ACN (if applicable)

Section 5 – Vehicle details

Applicable for applications for Mobile Food Business Licence only. A separate Mobile Food Business Licence application is required for each vehicle in which licensable activities are to be conducted.

Vehicle make

Vehicle model

VIN

Registration No

Other defining details

Section 6 – Nomination of Food Safety Supervisor/s

Persons to be nominated as a Food Safety Supervisor must consent to this nomination. Information about Food Safety Supervisors must be provided within on days of a Licence being issued

Please attach a separate sheet to this form if more than one person is to be nominated as a Food Safety Supervisor.

A signed declaration must be completed by the person/s being nominated as a Food Safety Supervisor, where the person is not the licensee.

The nominated Food Safety Supervisor must provide a certified copy of their Statement of Attainment for specified units of competency that was completed within the immediately preceding period of 5 years.

https://www.health.qld.gov.au/_data/assets/pdf_file/0027/813618/food-safety-supervisors.pdf

Food Business Licence Application Food Act 2006

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>				
Given name/s	<input type="text"/>				
Residential address	<input type="text"/>				
Postal address (if different from above)	<input type="text"/>				
Phone	Mobile	<input type="text"/>	After hours	<input type="text"/>	
Email	<input type="text"/>				

Consent – signed declaration must be completed by the person being nominated as a Food Safety Supervisor (where this person is not the licensee).

I,

consent to this application being made by the Licensee (or an authorised representative) to be a nominated Food Safety Supervisor for the above food business and am aware of my legal responsibilities in performing this role.

Signature	<input type="text"/>	Date	<input type="text"/>
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Section 7 – Suitability of person to hold a license

Skills and knowledge of applicants* to sell safe and suitable food.

*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.

Have any of the applicants* been convicted for a breach of any food legislation?

☐ Yes ☐ No
If yes, please attach details

Have any of the applicants* previously held a licence under the Food Act 2006, the Food Act 1981, or a corresponding law that was suspended or cancelled?

☐ 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?

☐ Yes ☐ No
If yes, please attach details

Section 8 – Skills and knowledge of food handlers

Have all food handlers been appropriately trained and / or have the required knowledge and skills to perform their duties?

☐ Yes ☐ No
If yes, please attach details

If yes, provide detailed below the training provided / completed and / or industry experience.

<input type="text"/>
<input type="text"/>

If no, all food handlers must complete a food safety training course or have appropriate skills and knowledge of food safety and hygiene matters commensurate with their duties. You may comply with your legislative obligation of ensuring food handlers have the appropriate skills and knowledge in food safety and hygiene matters by requiring them to complete a Food Safety Course such as the 'I'M Alert Online Food Safety Course' or the 'Do Food Safely Online Food Safety Course' and maintaining certification of this.



Section 9 – Type of premises

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Childcare Centre/Aged Care /Catering | <input type="checkbox"/> Restaurant/ Café/Takeaway | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Mobile food vehicle / boat | <input type="checkbox"/> Fruit & Vegetables | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Share kitchen facility / community hall | <input type="checkbox"/> Home based kitchen | <input type="checkbox"/> Other |

Section 10 – Type of food handled

Tick all boxes that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Fish / seafood products | <input type="checkbox"/> Milk / ice cream / yoghurt / cheese | <input type="checkbox"/> Meat pies |
| <input type="checkbox"/> Chilled / frozen foods | <input type="checkbox"/> Fruit / vegetables | <input type="checkbox"/> Cooked meats |
| <input type="checkbox"/> Bakery products | <input type="checkbox"/> Raw meats / frozen meat / poultry | <input type="checkbox"/> Confectionery |
| <input type="checkbox"/> Sandwiches | <input type="checkbox"/> Hamburgers / sausages | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Rice / pasta | <input type="checkbox"/> Eggs | |

Section 11 – Description of materials / finishes

Floors		
Covering		
Description of how appliances / fixtures are mounted / installed on flooring <i>for example, benches, shelves, refrigerated fitted with metal legs, wheels or on plinths – list more than one where applicable</i>		
Walls	General	
	Behind cooking equipment	
	Splashbacks	
Ceiling		
Floor to ceiling height (mm)		
Internal windowsills	<input type="checkbox"/> Splayed 45°	<input type="checkbox"/> Not applicable
Lighting	Recessed	
	Covers	
Description of lighting		
Benches	Fixed	
	Castors	
	Legs	
Constructed of		
Cabinets	Fixed	
	Castors	
	Legs	
Constructed of		

Section 12 – Mechanical exhaust ventilation system

Constructed / installed by	<input type="text"/>
Company name	<input type="text"/>
Installer name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>

Section 13 – Temperature control appliances system

Cold room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Freezer room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot display	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cold display	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate light provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 14 – Measures to manage pests

Describe how pests such as cockroaches, flying insects and rodents will be excluded from the premises:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 15 – Cooking equipment

List all heating and cooking appliances, for example, oven, toaster, salamander, microwave, bain marie, griller.

Appliance description	Power input (kW/Mi.hr)	Under exhaust hood?	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Appliance description	Power input (kW/Mi.hr)	Under exhaust hood?	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 16 – Cleaning facilities

Please note all plumbing work / alterations must have approval and be inspected by Winton Shire Council's Plumbing Section prior to commencement of use. Please contact Winton Shire Council's Plumbing Section on **1300 79 49 29** for further information.

Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glasswasher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double bowl sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres)	<input type="text"/> Drainage area (m ²) <input type="text"/>
Food preparation sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres)	<input type="text"/> Drainage area (m ²) <input type="text"/>
Pot sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres)	<input type="text"/> Drainage area (m ²) <input type="text"/>
Hand wash basin/s	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres)	<input type="text"/> Single spout? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Quantity of basins	<input type="text"/>	Hot water? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Method of operation (that is, hands free, flick mixer)	<input type="text"/>	
Cleaners sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drop down grate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Splashbacks supplied above all sinks and basins?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Grease trap	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size (litres)	<input type="text"/>
Floor wastes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number	<input type="text"/>

Section 17 – Washing facilities

Dishwasher brand / manufacturer	<input type="text"/>		
Washing and rinsing	Action automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Washes in one operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rinse details	Water at 50°C with 50mg/kg Sodium hypochlorite, or	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Water at 75°C or higher	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other, please specify	<input type="text"/>	
	Water heater	<input type="checkbox"/> Integral <input type="checkbox"/> Separate	
	Thermometer visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 18 – Hot water system

To be completed for new food premises **only or where** an existing unit has been replaced. **Attach** a certificate stating the system is adequate to supply continuous hot water at greater than 60°C at all points of use.

Type

Section 19 – Operation and amenities

Number of employees	<input type="text"/>		
Dining	<input type="checkbox"/> Yes <input type="checkbox"/> No	No of seats	<input type="text"/>
Toilet facilities for customers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Separate toilet facilities for staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of female toilets	<input type="text"/>	Number of male toilets	<input type="text"/>
Number of unisex toilets	<input type="text"/>		
Liquor licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bring your own (BYO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description and location of storage for the following			
Staff personal belongings	<input type="text"/>		
Cleaning chemicals	<input type="text"/>		
Cleaning equipment	<input type="text"/>		
Office / paperwork	<input type="text"/>		
Waste storage facilities	<input type="text"/>		

Section 20 – Attachments

- ☐ **Floor Plan** – A detailed and annotated floor plan showing the layout for all benches, basins, food and equipment storage; **and**
- ☐ **Cross-section and Elevation Plans** – Detailed and annotated cross-section and elevation plans that depict details of finishes to walls, floors, and ceilings (required for all applications for new constructions or alterations to an existing food premises only); **and**
- ☐ **Proposed Menu** - provide a copy of the proposed menu; **and**
- ☐ **Food Safety Supervisor Certification** - provide a copy of certification for all nominated Food Safety Supervisors, if available; **and**
- ☐ **Mechanical Exhaust Ventilation** – provide a copy of certification for compliance with AS1668.1 and AS1668.2 (if applicable); **and**
- ☐ **Documented Recall System** – provide a documented recall system, if applicable.

Section 21 – Declaration

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 regard to any matters relevant to this application.

Signature Date

Position in company (if relevant)

Office use

Receipt No. Date created Inits CSO
Declarations completed / signed ☐ Mandatory documents attached ☐