

# Application- Food Business Licence

## Fixed or Mobile Premises

Food Act 2006

Contact Council if you have any specific enquiries regarding fees or how to complete this form.

Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

- New application**
 **Fixed premises**
- Renewal application**
 **Mobile premises**
- Food business license number**

### APPLICANT

Title  Mr  Mrs  Ms  Miss  Other

Full name

Trading name  ABN

Postal address

Locality/Suburb  State  Postcode

Phone  Mobile

Email

Contact person (if different from above)

Contact Phone  Contact Mobile

### BUSINESS DETAILS (for Corporations only)

Company

Trading as

Director Name

Director address

Director Name

Director address

ABN/ACN

*If more than two directors, please attach details.*

### BUSINESS TYPE (tick all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bakery or Patisserie         | <input type="checkbox"/> Café                       | <input type="checkbox"/> Delicatessen               |
| <input type="checkbox"/> Manufacturer/packer          | <input type="checkbox"/> Restaurant                 | <input type="checkbox"/> Market stall               |
| <input type="checkbox"/> Takeaway                     | <input type="checkbox"/> Aged/Medical Care Services | <input type="checkbox"/> Camp/School kitchen        |
| <input type="checkbox"/> Caterer (offsite or onsite)* | <input type="checkbox"/> Home Business              | <input type="checkbox"/> Other <input type="text"/> |

*\*onsite catering means a set menu for a set no. of people at a set time and date, over twelve times per year: offsite catering means serving food at a location other than the primary place of business. A food safety program is required*

Provide details of all food to be manufactured or sold

### FIXED FOOD PREMISES

*Only complete this section if applying for a fixed premises*

Street address

Locality/suburb  State  Postcode

Phone  Mobile

Email

Real property description: Lot no.  Plan no.

Operating days

Operating hours

### MOBILE FOOD PREMISES

*Only complete this section if applying for mobile premises*

Vehicle description (e.g. van, trailer)

Vehicle make  Vehicle model

Registration No.  Vehicle colour

Operating days

Operating hours

**Address where mobile premises is kept**

Street address

Locality/suburb  State  Postcode

### NOMINATION OF FOOD SAFETY SUPERVISOR (FSS)

Full name

Phone  Mobile

Email

*NB: Please provide a certified copy of Attainment for specified units of competency to Council. If you have more than one FSS, please advise details and relevant contact information below.*

### WATER SUPPLY

Town water  Rain Water\*  Bore\*  Other\*

*If not town water, attach a current copy of a water analysis certificate from a National Association of Testing Authorities (NATA) laboratory.*

Please provide any water treatment details if you are not on town water supply.

## DECLARATION

I declare that all of the information above is true and correct.

Property Owner (or Authorised Agent) Name

Signature

Date

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the Information Privacy Act 2009, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.

## LODGEMENT

**Cook Shire Council**

**10 Furneaux Street**

**PO Box 3**

**COOKTOWN QLD 4895**

**Phone: 07 4082 0500**

**Email: [mail@cook.qld.gov.au](mailto:mail@cook.qld.gov.au)**

**Website: [www.cook.qld.gov.au](http://www.cook.qld.gov.au)**

### OFFICE USE ONLY

G/L: 2050.105.59

Application fee

Approval issued

Yes

No

Date paid

Receipt number

Received by

Name

Received by

Signature