

ANNUAL RENEWAL FOR FOOD BUSINESS LICENCE

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be accessed by Council Officers who have been authorised to do so. Your information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information is handled in accordance with the *Information Privacy Act 2009*.

**PLEASE ENSURE YOU SUBMIT THIS APPLICATION WITHIN 60 DAYS
BEFORE YOUR LICENCE ENDS.**

**IF WE DO NOT RECEIVE AN APPLICATION FOR RENEWAL, YOUR
LICENCE WILL BE CONSIDERED CANCELLED.**

Operating without a licence is an offence against the *Food Act 2006*.

CONTACT DETAILS

CONTACT PERSON'S NAME	
PHONE NUMBER	
EMAIL ADDRESS	

APPLICANT DETAILS

INDIVIDUAL(S) SOLE TRADER/ COMPANY/ INCORPORATED ASSOCIATION	Name/s of the individuals responsible for the business; OR Name of Corporation; OR Name of the Incorporated Association.		
PREMISES TYPE	<input type="checkbox"/> Commercial <input type="checkbox"/> Homebased <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary		
BUSINESS NAME		LICENCE NUMBER	FB _____
ADDRESS OF FOOD PREMISES OR STORAGE LOCATION OF MOBILE PREMISES	Line 1:		
	Line 2:		
	Suburb/Town:		State and Postcode:
ADDRESS OF PROPOSED TEMPORARY LOCATION	Line 1:		
	Line 2:		
	Suburb/Town:		State and Postcode:
REGISTERED POSTAL ADDRESS FOR THIS FOOD BUSINESS <small>*cannot be a PO Box</small>	Line 1:		
	Line 2:		
	Suburb/Town:		State and Postcode:
CURRENT IA/ABN			11 digits for ABN

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Have there been any changes to the directors or management committee members?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Please attach a current, <u>complete</u> list of directions or management committee members.		

Which of the following activities apply to your business? (Tick all relevant food handling activities to be undertaken throughout the licence period)

Low risk activities	Medium risk activities	High risk activities
<input type="checkbox"/> Jams & preserves	<input type="checkbox"/> Restaurant / Self-service buffet	<input type="checkbox"/> * Childcare facility / after school meals
<input type="checkbox"/> Low pH sauce manufacturer	<input type="checkbox"/> Café	<input type="checkbox"/> * Hospital meals / Aged care facility providing food for vulnerable persons
<input type="checkbox"/> Confectionary or Low Risk manufacturing	<input type="checkbox"/> Supermarket / Convenience store	<input type="checkbox"/> * Camp kitchen / non-resident workforce camp accommodation
<input type="checkbox"/> Bakery (low risk activities) no potentially hazardous toppings or fillings (no fresh dairy, custard)	<input type="checkbox"/> Bakery or Patisserie producing potentially hazardous food (fresh dairy, eggs)	<input type="checkbox"/> * Onsite catering as primary or sole activity
<input type="checkbox"/> Fruit and vegetables (cutting & display OR juicing & processing)	<input type="checkbox"/> Meals provided as part of accommodation OR Bed & breakfast	
<input type="checkbox"/> Sale of pre-made ice-cream	<input type="checkbox"/> Take away food premises	<input type="checkbox"/> * Onsite Catering at part of your premises for 200 or more people on 12 or more occasions
<input type="checkbox"/> Pre-made, unpackaged ready-to eat foods such as pies and sausage rolls	<input type="checkbox"/> Cakes & biscuits / slices	
<input type="checkbox"/> Honey Producer	<input type="checkbox"/> Manufacture and/or bottling of beverages	<input type="checkbox"/> * Offsite Catering
<input type="checkbox"/> Manufacture and/or bottling of carbonated or pasteurised beverages	<input type="checkbox"/> Ice-cream processing	
Additional Activities:		

* High-risk food premises may be required to hold an accredited Food Safety Program. Contact Council's Environmental Health Officer to confirm.

NATURE OF THE FOOD: (HOT-BOX, BURGERS, SALADS, QUICHE, ROASTS ETC)		
HOURS OF OPERATION	<input type="checkbox"/> Monday: _____	<input type="checkbox"/> Friday: _____
	<input type="checkbox"/> Tuesday: _____	<input type="checkbox"/> Saturday: _____
	<input type="checkbox"/> Wednesday: _____	<input type="checkbox"/> Sunday: _____
	<input type="checkbox"/> Thursday: _____	

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Have all food handlers working for your food business undergone food handling training appropriate to their food handling activities? All food handlers must be appropriately trained before commencing food handling activities.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please store all staff training records as you may be asked to provide them to an authorised officer upon request.	You may also consider having current staff do the free I'm Alert online course as a refresher to ensure that their skills and knowledge are up-to-date and current. Available at https://isaac.imalert.com.au .

Do you have a probe thermometer for measuring temperatures of potentially hazardous foods?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If you receive and handle potentially hazardous foods, you need to purchase a probe thermometer accurate to $\pm 1^{\circ}\text{C}$. To achieve this level of accuracy, a digital probe thermometer is best.	A probe thermometer is required for all businesses handling potentially hazardous foods, as temperatures need to be checked when receiving food, when cooking food, cooling food, reheating food, and to ensure food is held at safe temperatures.	A probe thermometer is not required if no potentially hazardous foods are being handled.

Have you carried out any renovations or made structural changes to your premises?

<input type="checkbox"/> YES	
<input type="checkbox"/> NO	

Please provide a description of changes made

Any changes to the design and fit-out or renovations to the kitchen may require for you to submit a design and fit-out assessment application.

Who is your current Food Safety Supervisor?

DETAILS OF FOOD SAFETY SUPERVISOR	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____	
	Family / Last Name	
	Given / First Name	
	Contact Number	Mobile: _____ Other: _____
<p>Note: Any changes to Food Safety supervisors must be advised to council in writing within fourteen (14) days. You may nominate more than one Food Safety Supervisor, please attach any additional details to this application. A Food Safety Supervisor must be reasonably available upon request.</p> <p>The licensee must at all times continue to have a food safety supervisor for the food business under the licence. Please provide a copy of the statement of attainment.</p>		

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Have any of your vehicles received a new registration number, or do you have any new vehicles that need to be declared? (*if applicable*) Excluding vehicles used for delivery of food ONLY (i.e. pizza delivery)

<input type="checkbox"/> YES Please provide details below:	<input type="checkbox"/> NO
Vehicle Registration:	Make and Model:
Do you handle or prepare food in this vehicle:	<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACHMENTS

<input type="checkbox"/>	Copy of statement of attainment from a Register Training Organisation, showing the nominated Food Safety Supervisor has completed the competencies required by Queensland Health. *Issued in the last 5 years
<input type="checkbox"/>	For a Mobile and Temporary: <ul style="list-style-type: none"> <input type="checkbox"/> Public Liability Insurance <input type="checkbox"/> Site plan <input type="checkbox"/> Gas System Compliance Certificate (if applicable). <input type="checkbox"/> Current Registration Certificate
<input type="checkbox"/>	Permission to operate if operating from home

DECLARATION

- If the application is made by a corporation or incorporated association, the person signing is legally entitled to make the application on behalf of the corporation or incorporated association.
- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*;
- 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*;
- I understand that legal action may be taken against me under the relevant Acts and Regulations if the information provided is known to me to be false or misleading at the time of supplying the information.

APPLICANT'S SIGNATURE		DATE: _____/_____/_____
PRINT NAME		

Once completed please send form and any attachment to:
records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744
or deliver in person to your local Isaac Regional Council office.