

Central Highlands Regional Council



Blackwater Capella Emerald

Springsure Other – Please Specify: _____

65 Egerton Street, Emerald

PO Box 21,

EMERALD QLD 4720

Telephone: 1300 242 686 Facsimile: 1300 242 687

Email: enquiries@chrc.qld.gov.au

Website: www.chrc.qld.gov.au

Food Act 2006

Application for Food License & Approval to Construct or Refit of Food Premises

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.

Application is for

Application

Fee \$

Receipt Code 323

Licence

Fee \$

Receipt Code 322

Business details

Business name must be registered with the Office of Fair Trading.

Business name

ABN

Trading name

If a vehicle or stall – advise exact location??

Street address

Locality / Suburb

State

Postcode

Enter postal address if different from street address.

Postal address

Locality / Suburb

State

Postcode

Contact person

Contact ph.

Mobile

Contact fax

Email

Construction/ Refit Premises Address:

Lot no.

Reg. plan no.

Parish

Real property description – refer to Rates Notice.

Description of food business: (eg. café, restaurant, cannery, etc)

Does your business involve any off-site catering?

Yes

No

Vehicle details

If there are additional vehicles, please attach additional vehicle information to this form.

Do you deliver food in a vehicle?

Do you handle or prepare food in the vehicle?

If yes, how many vehicles do you use?

Vehicle details

Type

Rego No.

Type

Rego No.

Privacy Statement

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Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email

Suitability of person to hold a license

Skills & knowledge of applicants to sell safe and suitable food:

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.*

No Yes If Yes, please attach details

Have any of the applicants previously held a license under the *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.*

No Yes If Yes, please attach details

Have any of the applicants been refused a license 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.*

No Yes If Yes, please attach details

Nomination of 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. This will not affect the decision made on your application. However, you are required to **provide the local government details of your food safety supervisor(s) within thirty (30) days of receiving your license.**

Name

Address

Business hours contact no

Email

I declare the information provided in this renewal application to be true and correct.

Signature

Date

SECTION A – (Town Planning)

Development Approval Required? (check with Council Planning Officer) Yes No

Type of Business: Zoning:

Planning Officer:

Signature:

Planning Application No:

Date:

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SECTION B – (Building Compliance)Building Approval Required? (Check with Building Regulation or Private Certifier) Yes No

Current Building Classification:

Building Certifier:	Signature:
Building Application No	Date:

SECTION C – (Plumbing Compliance)Plumbing Approval Required? (Check with Council Plumbing Inspector) Yes No

Plumbing Inspector:	Signature:
Plumbing Application No:	Date:

SECTION D – (Description of Materials/ Finishes)

General Walls

Walls Behind Cooking Equipment

Sink splash back

Floors

Coving

Ceiling

Floor to Ceiling Height (mm) Internal Window Sills

Lighting: **Recessed** Yes / No **Covers** Yes / No

Description:

Benches: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Construction of :

Cabinets: **Fixed** Yes / No **Castors** Yes / No **Legs** Yes / No

Construction of :

Appliances / Fixtures: (are they fitted with metal legs, wheels or on plinths – list more than one)

SECTION E– Cooking Equipment (List All)

Appliance Description (E.g. Ovens, toaster, salamanders, microwaves, Bain maries, grillers, dishwasher, etc.)	Power Output	Under Exhaust Canopy (Yes / No)

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Appliance Description (E.g. Ovens, toaster, salamanders, microwaves, Bain maries, grillers, dishwasher, etc.)	Power Output	Under Exhaust Canopy (Yes / No)

Please attach specification for equipment listed above.

SECTION F- Mechanical Exhaust Canopy

Constructed/ Installed by:

Name:

Phone:

Company:

Address:

Note: Upon installation, you will be required to submit a certificate from the installer specifying that the mechanical exhaust canopy complies with AS 1668.2 – 1991 – The use of ventilation & air conditioning in buildings, prior to final approval being issued.

SECTION G- Temperature Control Appliances

Heat Lamps:	Yes / No	Freezer Room:	Yes / No
Hot Display:	Yes / No	Cold Display:	Yes / No
Self-service buffet:	Yes / No	Cool Room:	Yes / No
Are all heating and chilling appliances fitted with a thermometer?			Yes / No

SECTION H- Prevention of Pests

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

SECTION I- Cleaning Facilities

Double Bowl Sink: Yes / No Size: _____ (Litres) Drainage area: _____ (mm)

Dishwasher: Yes / No

If Yes, Please attach equipment specifications Under Canopy: Yes / No

Glass washer: Yes / No

Preparation Sink: Yes / No Number: _____ Size: _____ Drainage area: _____ (mm)

Pot Sink: Yes / No Number: _____ Size: _____ Drainage area: _____ (mm)

Hand Wash Basin: Yes / No Number: _____ Size: _____ Single Spout: Yes / No

Method of Operation _____

Cleaners Sink: Drop Down Grate Yes / No

Splashbacks Supplied above all sinks / basins: Yes / No

Grease Trap: Yes / No Size: _____ (litres)

Floor Wastes / Drains: Yes / No Number: _____

Please note all plumbing work / alterations **MUST** have approval and be inspected by Engineering Service prior to commencement of any work.

SECTION J – Hot Water System

Type: Instant / Solar/ Gas /Electric

Volume: _____

Temperature of water at point of use (°C): _____

Supplying water to: _____

Please attach specifications.

Note: If hot water is to be used for sanitising, it must be capable of providing hot water at 75°C at all points of use.

SECTION K – Operation of Amenities

Number of Employees: _____

Dining: Yes / No

Customer toilet facilities: Yes / No

Hand-wash basins provided at toilets: Yes / No

Number of female toilets: _____

Number of male toilets: _____

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Liquor Licence: Yes / No

BYO: Yes / No

What Facilities are provided for:

1. Staff personal belongings: _____

2. Cleaning equipment / chemical storage: _____

3. Office / Paperwork storage: _____

SECTION L – Declarations

I/ WE declare the information provided in this application to be true and correct,

Signature of Applicant

Name (print)

Date

I/ WE declare the information provided in this application to be true and correct,

Signature of Applicant

Name (print)

Date

Office use only

Fee		Date
Receipt code	322 & 323	Receipt No.

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