



Application for Amendment of Food Business Licence FOOD ACT 2006

ABN 3128 8688 970

GST does not apply to this application

Premises Location Blackwater Capella Emerald

Please complete the form accurately as inaccuracies lengthen the assessment process. The Food Act 2006 provides for 30 days to make a decision of this application. This may be extended by at least 30 days for further information.

Enquiries phone 1300 242 686
Postal Address Central Highlands Regional Council
PO Box 21
Emerald, QLD 4720
Email equiries@chrc.qld.gov.au

Reason for Amendment

- Change to Licensee
{Complete Section 1, 2, 3, 4, 5, 6 & 7}
- Change to Food Business Details (other than relocation of food premise)
{Complete Section 1, 4, & 6}
- Change to Food Safety Supervisor
{Complete Section 1, 4, 5 & 6}

1. Current Licensee Details

Licensee Name (individual, partnership or Company)

Postal Address (include postcode)

Contact Phone

Fax No.

Mobile

Email

2. Proposed Licensee Details

Applicants Name (individual, partnership or company)

Postal Address (include postcode)

Contact Phone

Fax No.

Mobile

Email

3. Suitability of Proposed Person to Hold a Licence

Skills & Knowledge of applicants to sell safe & 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.

Yes If yes attach details. No

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?

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 If yes attach details No

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 If yes attach details No

Payment may be made in person between the hours of 8:30am to 5pm Monday to Friday at the Central Highlands Regional Council Environmental Health Department at 65 Egerton St or by forwarding a cheque made payable to *Central Highlands Regional Council*, with this signed form to PO Box 21 Emerald, QLD 4720

OFFICE USE ONLY	Date Received:	Signature:	Licence Fee \$
	Receipt No.:		Licence Number:

4. Food Business Details

Contact Name for Application

Contact Phone

Fax No.

Mobile

Email

Company Name (if applicable)

Trading Name

Food Business Licence Number

Description of Food Business (eg Takeaway, Bakery etc)
(include vehicle Registration Numbers)

Does your business involve any off-site catering?

Yes

No

Attach a list of food transport vehicles – make, model, Registration Numbers.

Address of Food Premise

(include name of shopping centre or where mobile premises can be inspected if applicable)

Real Property Description

Lot No:

Registered Plan No:

ABN No:

Checklist

Have all parts of the form been completed by the relevant persons?

Yes

No

If No complete sections

Have you included the application for amendment fee?

Yes

No

If No enclose fee

Has the current licence for the operator / premise been attached to this application?

Yes

No

If no attach copy

NOTE: Further information may include food preparation and storage processes.

5. 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 licence.

Name of Food Safety Supervisor

Postal Address of Food Safety Supervisor

(Include postcode)

Business Hours Contact Numbers

Phone

Fax

Mobile

Email

6. Licensee Authorisation

Signature of Licensee

Name

Date

7. Proposed Licensee (if applicable)

Signature of Proposed Licensee

Name

Date

Guidance for Applicant Details (to be attached)

If the applicant is a corporation state the corporation's name; names of its directors; and the address of its registered office under the Corporation Act.

If the applicant is an incorporated association state the incorporated associations name, names of the members of its management committee and the address of its registered office under the Associations Incorporation Act 1981.

HOW TO PAY	NO PART PAYMENTS ALLOWED
<p>In Person – Central Highlands Regional Council, Environmental Health Department, 65 Egerton St, Emerald</p> <p>Payments may be made by cash, cheque made payable to <i>Central Highlands Regional Council</i>, money order, EFTPOS, all debit cards – Bankcard, Mastercard, Visa Card or American Express.</p> <p>No cash can be given on debit cards or cheques.</p> <p>Office Hours: Monday to Friday 8.30am to 5.00pm</p>	<p>By Mail</p> <p>To Council's postal address of PO Box 21, Emerald Qld 4720. Cheques, money orders, postal notes etc must be made payable to <i>Central Highlands Regional Council</i> and crossed "Not Negotiable". (Post dated cheques <u>NOT</u> accepted.)</p> <p>Change cannot be given on cheques etc.</p> <p>A receipt will be posted.</p>