

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

Renewal of Food Business Licence

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

Renewal Fee \$ Current Licence No. F Expiry Date

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

Real property description – refer to Rates Notice.

Lot no. Reg. plan no. Parish

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

Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. This information will not be disclosed to a third party unless you have given your written consent or we are required to do so by law. For more information about privacy in Central Highlands Regional Council see our Privacy Plan on our website.

Contact Details

Contact Person

Postal Address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email

Suitability of person to hold a licence

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 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.*

No

Yes

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? *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 licence.

Food safety supervisor details
Name
Address
Business hours contact no.

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

Signature

Date

Office use only

Fee -	Date / /
Invoice No. -	File No. -
GL Ledger No 2100.0105.0086	Access No. -
Receipt No. -	License No. -
Registration No. -	

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