Somerset REGIONAL COUNCIL
ABN 50 138 958 249 PO Box 117, ESK QLD 4312

Collection Notice : Council requires the personal information requested o administering licenses and approvals in the region. The information will not	
	ew licence – existing premises OFFICE USE ONLY mendment - minor
Applicable fee: \$	
Please provide existing food business licence number	and expiry date (if applicable)
Existing licence number:	Expiry:
Applicant/s details (for a company or registered o	rganisation)
Company name:	ACN/ ARBN/ IA:
	liss 🗌 Other (specify)
Family name: Given names: Position:	
I declare that I have the authority to sign on behalf the information provided in this application to be true	
Signature:	Date: / /
Applicant/s details (for individual/s) Title Mr Mrs Ms Miss Other	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other
Family name:	Family name:
Given names:	Given names:
Position:	Position:
I declare that the information provided in this applica	tion to be true and correct.
Signature:	Signature:
Date: / /	Date: / /
Applicant contact details	
□ Business □ Private	
Contact person:	
Postal address:	
Locality/ Suburb:	State: Postcode:
Phone:	Mobile:
Fax:	Email:
OFFICE USE ONLY	
Receipt number:	Date:
Assessment number:	Lot/Plan: Page 1 of 5



Food Act 2006

Business details (only business names registered with the Office of Fair Trading can be used)

Business name:	ABN:			
Street address:				
Locality/ Suburb:	State:	Postcode:		
Phone:	Mobile:			
Fax:	Email:			
Postal address (if different):				
Locality/ Suburb:	State:	Postcode:		
Contact person:				
Phone:	Mobile:			
Fax:	Email:			
Property Lot and Plan:				
Description of food business (e.g. café, restaurant, cannery, home kitchen, etc):				
Doos your business involve off-site catering?	Voc			

Does your business involve off-site catering?		L No
Do you deliver food in a vehicle?	🗌 Yes	🗌 No
Do you handle or prepare food in the vehicle?	🗌 Yes	🗌 No
If yes, how many vehicles do you use?	□ 1 - 5	☐ 6 – 10

Vehicle details

Make	Model	Registration Number

Suitability of person to hold a licence

Detail skills and knowledge of applicants to sell safe and suitable food:			

NOTE: For the following questions, 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.

Have any of the applicants been convicted for a breach of any food legislation?

□ No □ 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?

 \square No \square 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?

 \Box No \Box Yes, please attach details

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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. You are required to provide the local government details of your food safety supervisor(s) within thirty (30) days of receiving your licence. Please attach a copy of the food safety supervisor's qualifications to this application, if applicable.

Food safety supervisor training details:	
Name:	
Address:	
Business hours contact number:	
Qualification acquired (please tick appropriate and	provide a copy with application):
THHGHS01B / SITXOHS002A / SITXFSA101	THHBCC11B / SITXFSA001A / SITXFSA201
□ WRRLP6C	□ Other (specify)
Amendments (if applicable) Provide details of proposed amendments and plans	(if required)

Current approval details

Please insert your approval number for each approval type issued by local government (if applicable)

Approval Type	Approval Number	Office Use Only	
Building approval			
Plumbing and drainage approval			
Development approval			
Other (specify)			
			Page 3 of 5



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Attachments for applications requiring design assessment

Item	Yes	No	N/A
 One copy of a site plan, drawn to scale not less than 1:100, showing the food premises location, waste storage, car parking, staff and public toilet facilities and adjacent land uses. 			
 One copy of a floor plan, drawn to scale not less than 1:50, showing details of the layout of all equipment, fixtures and fittings in a bird's eye view (looking down on the premises). 			
Sink details should be provided, including the type of sink (single bowl, double bowl, triple bowl, wash hand basin, or cleaner's sink), and the dimensions (or the size and depth of the sink). The floor plan should also indicate the type of materials and finish used on equipment, fixtures, fittings, floors, walls and ceilings (such as stainless steel or laminated work benches, walls and ceilings finished in a high gloss paint and ceramic tiled floor with epoxy grouting).			
 One copy of sectional elevation, drawn to scale not less than 1:50, showing a side-on view of the walls of the premises and should indicate the height of structures, benches, including fixtures, fittings and equipment within cool rooms / freezer rooms (if applicable). 			
 One copy of hydraulic plan (plumbing and drainage plan), drawn to scale of not less than 1:50, showing the location of water and sewerage pipes and connection types, tundishes and grease traps. 			
 One copy of a mechanical exhaust ventilation plan, drawn to scale of not less than 1:50, if mechanical exhaust systems are to be installed. 			
 One copy of a transport vehicle plan, drawn to scale of not less than 1:50, showing details of the layout of all the equipment, fixtures and fittings and the types of materials used. 			
 Full explanation of selected box/es in the suitability of person to hold a licence section (if applicable). 			
8. A copy of the nominated food safety supervisor's qualifications.			



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Request for Final Inspection and Commencement of Food Business Licence Assessment

Please retain this page of the application and submit to Council upon completion of the approved design assessment fit-out for your licensable food premise.

Applicant details			
Business name:			
Physical address:			
Locality/ Suburb:	State:	Post	code:
Applicant name:			
Contact phone number:			
Preferred inspection date/s:			
Proposed opening date:			
 Have you received your design assessment approv Yes No, please provide details Have you completed the fit-out of the food premise details provided by the Somerset Regional Council Yes No, please provide details Have any details changed since the design assess Yes, please provide details 	in accordance w	ith the approve	ed design assessment
Further details:			
I declare that the food premise has been fitted out and now wish to apply for a final inspection and co			
Signature:	Date:	/	/