

Potable Drinking Water Carrier Application

Food Act 2006

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the region. The information will not be disclosed to any other party unless required by law

| Application is for: ☐ New licence including design assessment ☐ Ar | mendment - minor | |
|--|---|--|
| Applicable fee: \$ | | |
| Please provide existing food business licence numbe | r and expiry date (if applicable) | |
| Existing licence number: Expiry: | | |
| Applicant/s details (for a company or registered o | organisation) | |
| Company name: ACN/ ARBN/ IA: | | |
| | Miss | |
| Family name: | | |
| Given names: | | |
| Position: | | |
| I declare that I have authority to sign on behalf of t information provided in this application to be true and | he company or registered organisation and that the d correct. | |
| 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 the information provided in this application | 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: | |

The term of licence is until 30 September unless otherwise specified by applicant or Council (or unless cancelled or suspended).

Fax: 07 5424 4099



Is backflow prevention device fitted?

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| Business details (only business names registered w | ith the Office of Fair T | rading 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: | | |
| Vehicle details | | |
| Tanker 1 | | |
| Street address: | | |
| Locality/ Suburb: | State: | Postcode: |
| Vehicle make/ year: | | |
| Vehicle registration: | gistration: State/ Territory of registration: | |
| Capacity of tank: | | |
| Tanks construction material: | | |
| Internal lining: | | |
| Is backflow prevention device fitted? | | |
| Tanker 2 | | |
| Street address: | | |
| Locality/ Suburb: | State: | Postcode: |
| Vehicle make/ year: | | |
| Vehicle registration: | State/ Territory of registration: | |
| Capacity of tank: | | - |
| Tanks construction material: | | |
| Internal lining: | | |
| Is backflow prevention device fitted? | | |
| Tanker 3 | | |
| Street address: | | |
| Locality/ Suburb: | State: | Postcode: |
| Vehicle make/ year: | | |
| Vehicle registration: | State/ Territory of re | gistration: |
| Capacity of tank: | | <u> </u> |
| Tanks construction material: | | |
| Internal lining: | | |



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| Water supply details | |
|---|---|
| Stand pipe supply (town water) | □ No □ Yes |
| Private supply | ☐ No ☐ Yes (please provide details below) |
| Location of supply: | |
| Type of supply (e.g. rainwater, bore, etc.): | |
| Are you the owner of the water supply? | □ No □ Yes |
| | d, suspended or cancelled, or been convicted of an offence act 2006, Food Act 1981 or a corresponding law? |
| section. You are required to provide the local | food safety supervisor(s) at this time, do not complete this government details of your food safety supervisor(s) within se attach a copy of the food safety supervisor's |
| Food safety supervisor training details: | |
| Name: | |
| Address: | |
| Business hours contact number: | |
| Qualification acquired (please tick appropriate | e and provide a copy with application) |
| ☐ THHGHS01B / SITXOHS002A / SITXFSA | A101 |
| ☐ WRRLP6C | ☐ Other (specify) |
| Amendments (if applicable) Provide details of proposed amendments and | plans (if required) |
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Fax: 07 5424 4099

Phone: 07 5424 4000