

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 ☐ Amendment - minor

OFFICE USE ONLY

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 organisation)

Company name:

ACN/ ARBN/ IA:

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other (specify)

Family name:

Given names:

Position:

I declare that I have authority to sign on behalf of the company or registered organisation and that the information provided in this application to be true and 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).

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:			

Vehicle details

Tanker 1			
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 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 registration:	
Capacity of tank:			
Tanks construction material:			
Internal lining:			
Is backflow prevention device fitted?			

