

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 ☐ Renewal of licence

OFFICE USE ONLY

Applicable fee: \$

Please provide existing food business licence number and expiry date (if applicable)

Existing licence number:

Expiry:

Name of issuing authority:

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 the 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:

Given names:

Position:

Family name:

Given names:

Position:

I declare that 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:

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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:
Postal address (if different):		
Locality/ Suburb:	State:	Postcode:
Contact person:		
Phone:	Mobile:	
Fax:	Email:	
Property Lot/Plan:		
Description of food business: (e.g. pie van, fish van, hot food van, carnival food van, etc):		

Does your business involve off-site catering? ☐ Yes ☐ No

Vehicle details (one vehicle per licence application, licence is issued for the state of Queensland)

Vehicle description:	
Make:	Model:
Registration number:	State/Territory of registration:

Mobile licence inspection address (address must be inside of the Somerset Regional Council)

Street address and/or event/s (e.g. home address, Lowood Show, etc.):		
Locality/ Suburb:	State:	Postcode:

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?

☐ No ☐ 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?

☐ No ☐ 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. 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):
<input type="checkbox"/> THHGH01B / SITXOHS002A / SITXFSA101 <input type="checkbox"/> THHBCC11B / SITXFSA001A / SITXFSA201 <input type="checkbox"/> WRRLP6C <input type="checkbox"/> Other (specify)

Amendments (if applicable)

Provide details of proposed amendments and plans (if required)

Attachments for applications requiring design assessment

Item	Yes	No	N/A
1. 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.			
2. The finishes of surfaces coming into contact with food / water.			
3. Details from where food /potable water will be sourced.			
4. Full explanation of selected box/es in the suitability of person to hold a licence section (if applicable).			
5. A copy of the nominated food safety supervisor's qualifications.			