

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:	to be disclosed to any other party unless required by law.
New licence including design assessment	lew licence – existing premises 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	rganisation)
Company name:	ACN/ ARBN/ IA:
Title ☐ Mr ☐ Mrs ☐ Ms ☐ M	fliss \square 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	of the company or registered organisation and that 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 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:

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Business details (only business na	mes registered with the Office of Fair	r Trading can be used)			
Business name:	ess 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. o	café, restaurant, cannery, home kitch	en, etc):			
Does your business involve off-site of	catering? Yes	□ No			
Do you deliver food in a vehicle?	☐ Yes	□ No			
Do you handle or prepare food in the	e vehicle?	□ No			
If yes, how many vehicles do you us		☐ 6 − 10 ☐ 11+			
Vehicle details		[B			
Make	Model	Registration Number			
Suitability of person to hold a lice	nce				
Detail skills and knowledge of appli					
	f the applicant is a corporation or an				
executive officer of the corporation or a member of the association's management committee are included.					
Have any of the applicants been cor No Yes, please attac		ation?			
Have any of the applicants previously a corresponding law that was suspe ☐ No ☐ Yes, please attach		2006, the <i>Food Act 1981</i> or			
•	used a licence under the Food Act 20	006, the <i>Food Act 1981</i> or a			



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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 deta	ails:	
Name:		
Address:		
Business hours contact number:		
Qualification acquired (please tick a	appropriate and provide a co	py with application):
 ☐ THHGHS01B / SITXOHS002A /	· _	CC11B / SITXFSA001A / SITXFSA201
□ WRRLP6C		(specify)
□ WKKLF0C		specify)
Amendments (if applicable) Provide details of proposed amendm	nents and plans (if required)	
current approval details		
		d by local government (if applicable)
Approval Type	Approval Number	Office Use Only
Building approval		
Plumbing and drainage approval		
Development approval		
Other (specify)		

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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).			
3. 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).			
4. 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.			
5. 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.			
7. 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:	Postcode:
Applicant name:		
Contact phone number:		
Preferred inspection date/s:		
Proposed opening date:		
Have you received your design assessment apply Yes No, please provide details Have you completed the fit-out of the food premedetails provided by the Somerset Regional Coulty Yes No, please provide details Have any details changed since the design asses Yes, please provide details No Further details:	nise in accordance w incil?	ith the approved design assessment
I declare that the food premise has been fitted and now wish to apply for a final inspection and		
Signature:	Date:	/ /

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