



Townsville City Council
Environmental Health Services

FOOD ACT 2006 >>

APPLICATION FOR A COMMERCIAL KITCHEN, MOBILE FOOD VAN AND LICENSABLE NOT-FOR-PROFIT ORGANISATIONS

>>Please ensure you submit this application at least 30 days before commencement of trade to allow us to process your application in time.

>> Please call Environmental Health Services on 1300 878 001 for further information

PRIVACY COLLECTION NOTICE:

You are providing information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.



Application – Food Premise

This application **ONLY** applies to commercial kitchens, mobile food vans, and not-for-profit business which sell meals 12 times a year or more.

1. What will your business operate as? *(Please tick one only)*

- Commercial Kitchen Level 1** e.g. more than one food preparation area such as supermarkets, large clubs or hotels or major manufacturer such as wholesale bakery (continue to section 2).
- Commercial Kitchen Level 2** e.g. restaurant, café, child care, takeaway food bar, caterer, bakery, manufacturer, aged care, domestic premise requiring separate commercial kitchen (continue to section 2).
- Mobile Food Van (MFV) Level 2 with food preparation** (complete details below and continue to section 2)
- Mobile Food Van (MFV) Level 3 with minimal food preparation e.g.** retail food vehicle such as Smoko Van (complete details below and continue to section 2)

Registration Number	Make (e.g. Ford, Toyota)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- Not for Profit Organisation** - selling meals 12 times a year or more (complete details below and continue to section 2)

I/we declare that _____ **is a community organisation which:**

- Is locally managed
- Places their profits back into the community (a non-profit organisation)

One of the following pieces of evidence MUST BE ATTACHED:

- Certificate of Incorporation attached; OR
- Other supporting information attached (e.g. letter from Director Cultural Centre)

Signed _____

Date _____

2. What predominant type of food business will you associate with?

- Bakery / Pastry cook
- Café / Restaurant
- Food shop / Store
- Manufacturer / Packer
- Take away food bar
- Commercial domestic kitchen
- Offsite Catering *(a food safety program MUST be attached to this application)*
- Onsite catering for 200 or more people at a time *(a food safety program MUST be attached to this application)*
- Onsite catering for 200 or less people at a time *(a food safety program MUST be attached to this application)*
- Other _____



3. What are you applying for? *(Please tick one)*

- I am fitting-out a new premises or vehicle
- I am taking over a licenced food business and performing structural changes
 - > Current licence No.:
- I am taking over a licenced food business with no structural changes proposed?
 - > Current licence No.:
- I am operating out of a mobile food van which is licensed outside of the Queensland state
 - > What state is it currently licensed in:

4. Applicant/Licensee Details *(Please tick one – either an individual or a company)*

Please Note:
It is the responsibility of the applicant/licensee to ensure all contact details and postal addresses are up-to-date and current. All official correspondence will be sent to the last known postal address.

Individual

<p>INDIVIDUAL 1:</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Last / Family Name:</p> <input style="width: 90%;" type="text"/> <p>First / Given Name (s):</p> <input style="width: 90%;" type="text"/> <p>Postal Address:</p> <hr/> <hr/> <hr/> <p style="text-align: right;">Pos tcode</p> <hr/> <p>Phone: Mobile:</p> <p>() _____ 04 _____</p>	<p>INDIVIDUAL 2:</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Last / Family Name:</p> <input style="width: 90%;" type="text"/> <p>First / Given Name (s):</p> <input style="width: 90%;" type="text"/> <p>Postal Address:</p> <hr/> <hr/> <hr/> <p style="text-align: right;">Postcode</p> <hr/> <p>Phone: Mobile:</p> <p>() _____ 04 _____</p>
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Corporation / Incorporated Association – a copy of the company extract must be attached

<div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>	<p>Postal Address:</p> <hr/> <hr/> <hr/> <p style="text-align: right;">Pos tcode</p> <hr/> <p>Phone: Mobile:</p> <p>() _____ 04 _____</p>
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5. Applicant Declaration

Applicant suitability statement, declaration and signature

Have you ever had a licence refused, suspended or cancelled, or been found guilty of an offence under the *Food Act 2006*, *Food Act 1981* or corresponding law in other States or Territories?

- No Yes (Give details in an attachment)

I understand that the information provided in and accordance with this application may be disclosed publicly under the *Evidence Act 1977*.

I am aware that it is an offence to knowingly provide false or misleading information. If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

Signature _____ Print Name _____

Position _____ Date _____

6. Vendor Details *(only complete this section if you are taking over existing licensed premises)*

a) Has the previous licensee surrendered or cancelled their licence? Yes (go to section 7) No (complete section b)

b) Vendors Declaration

I, (full name) _____ declare that I am no longer the operator (licensee) of the above mentioned business and wish to be removed as a licensee effective from ____/____/____ (Please complete previous licensee details below).

PLEASE NOTE: If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association

Signature _____ Date ____/____/____

Previous licensee details *(to be completed)*:

	Postal Address:

	Pos tcode

	Phone: _____ Mobile: _____
	() _____



7. Business details

Trading Name: _____

What is the business address where the activity will be carried out OR where will the vehicle be housed?
(This address cannot be a post office box)

_____ **Postcode**

>> Date to start trade _____ >> Email address _____

>> Business Phone () _____

FOOD FOR THOUGHT NEWSLETTER

Would you like to receive the Townsville City Council monthly 'Food for Thought' newsletter distributed via email?

No Yes *(ensure you have provided an email address in above details)*

8. Nomination of food safety supervisor

All licensed food businesses must have a Food Safety Supervisor. You are required to provide the local government details of your food safety supervisor(s) within thirty (30) days of receiving your licence.

- I wish to nominate a Food Safety Supervisor within 30 days* OR
- I wish to nominate a Food Safety Supervisor now (details below):

<p>INDIVIDUAL 1:</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Last / Family Name:</p> <p>_____</p> <p>First / Given Name (s):</p> <p>_____</p> <p>Contact number</p> <p>_____</p>	<p>PROOF OF FOOD SAFETY KNOWLEDGE (please tick one):</p> <ul style="list-style-type: none"><input type="checkbox"/> Certificate of attainment course & institution >> <u>Copy of certificates MUST be attached</u> <p>OR;</p> <ul style="list-style-type: none"><input type="checkbox"/> Brief description of suitability / experience <p>_____</p> <p>_____</p> <p>_____</p>
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* A nomination form is available at the following website: www.townsville.qld.gov.au/business/foodsafety/Pages/newbusiness.aspx in the "Application Forms" section.



<p>INDIVIDUAL 2:</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Last / Family Name:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>First / Given Name (s):</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Contact number</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>PROOF OF FOOD SAFETY KNOWLEDGE (please tick one):</p> <p>■ Certificate of attainment course & institution >> <i>Copy of certificates MUST be attached</i></p> <p>OR;</p> <p>■ Brief description of suitability / experience</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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9. Kitchen design and details - This section must be completed if fitting out or changing the structure of the premise

You will need to describe the fit out material, design, number and / or location in the boxes provided. All information included on this application form is to be clearly indicated on the submitted plans.

Refer to council's 'Design and Construction Criteria' for explanatory notes >>
www.townsville.qld.gov.au/business/foodsafety/Pages/newbusiness.aspx

<p><u>TOWN PLANNING</u></p> <p>Have you gained approval from Townsville City Council <u>Planning & Development Unit</u> for your business?</p> <p>■ Yes <input type="checkbox"/> N/A</p>
<p><u>PLUMBING AND DRAINAGE</u></p> <p>Have you gained approval from Townsville City Council <u>Hydraulic Services</u> for any new plumbing or drainage installed in your business?</p> <p>■ Yes <input type="checkbox"/> N/A</p>
<p><u>TRADE WASTE</u></p> <p>Have you contacted from Townsville City Council <u>Source Control Unit</u> regarding grease traps or releasing water to sewer from your business?</p> <p>■ Yes <input type="checkbox"/> N/A</p>
<p><u>BUILDING APPROVAL</u></p> <p>Have you gained approval from an <u>independent building certifier</u> to ensure your business is a class 6 against the 'Building Code of Australia'?</p> <p><input type="checkbox"/> Yes – certificate attached <input type="checkbox"/> N/A – the building has been previously used for retail purposes</p>



FOOD TO BE PREPARED/SOLD *** ALL FOOD MUST BE PREPARED IN THE KITCHEN / MOBILE FOOD VAN ***	
List the basic types of food/meals that will be prepared/sold	
FOOD SOURCE	
All ingredients must be sourced from a suitable food provider Where will your ingredients / food be sourced?	

KITCHEN STRUCTURE	
Ceiling Describe the roof/ceiling: <ul style="list-style-type: none"> • What material is it made from • Design • Colour 	
Walls Describe the walls: <ul style="list-style-type: none"> • What material is it made from • Design • Colour 	
Flooring & coving Describe the flooring & coving : <ul style="list-style-type: none"> • What material is it made from • Design • Colour 	

EQUIPMENT	
Specify all cooking equipment/kitchen appliances that you will be using to prepare & store your food	



CLEANING - FOOD & EQUIPMENT <i>(tick all that apply)</i>	
<p>Will food need to be washed prior to use?</p> <p>What will you wash them in?</p>	<input type="checkbox"/> In a single bowl sink <u>separate</u> from washing up sinks OR <input type="checkbox"/> In the existing washing sinks which will be thoroughly cleaned and sanitised before use <input type="checkbox"/> Other _____
<p>All re-useable food contact items must be effectively cleaned</p> <p>How will equipment be washed?</p>	<input type="checkbox"/> Hot water, detergent & sanitiser (to be used after washing) AND <input type="checkbox"/> Double bowl sink OR <input type="checkbox"/> Single bowl sink & commercial dishwasher
HANDWASHING ***MUST BE SEPARATE FROM EQUIPMENT WASHING FACILITIES*** <i>(tick all that apply)</i>	
<p>Hands must be kept clean to prevent food contamination</p> <p>How will hands be washed?</p>	<input type="checkbox"/> Warm <u>running</u> water, liquid soap & paper towels, single spout <input type="checkbox"/> Designated hand-washing sink – separate from washing sink/s <input type="checkbox"/> Within 5 meter of ALL food handling areas <input type="checkbox"/> Other _____
WASTE DISPOSAL <i>(tick all that apply)</i>	
<p>Sewerage and waste water must be disposed of appropriately</p> <p>How will you dispose of your waste water?</p>	<input type="checkbox"/> To sewer <input type="checkbox"/> Grease trap <input type="checkbox"/> Floor drainage <input type="checkbox"/> Cleaners sink <input type="checkbox"/> Other _____
<p>Garbage and solid waste must be contained and disposed of appropriately</p> <p>How will you store and dispose of your solid waste?</p>	<input type="checkbox"/> Bin with lid <input type="checkbox"/> Other _____
LIGHTING & VENTILATION <i>(tick all that apply)</i>	
<p>Suitable lighting must be available in the kitchen</p> <p>Does lighting in the kitchen in comply with the relevant legislation?</p>	<input type="checkbox"/> Yes, Australian standard 1680 (Interior Lighting) AND <input type="checkbox"/> Yes, Building Code of Australia <input type="checkbox"/> N/A
<p>Natural and/or mechanical ventilation must be adequate in the kitchen</p> <p>Is ventilation in the kitchen in accordance with legislation?</p>	<input type="checkbox"/> Yes, ventilation is in accordance with: - Australian standard 1668:2012 part 2 (The use of ventilation and air-conditioning in buildings) - Building Code of Australia



10. Floor Plan Requirements ****do not submit this application if a floor plan is required****

Plans are required to be submitted with this application if you are fitting out a new premise or making changes to an existing one. Plans can be submitted in hard copy or an electronic version.

Floor plans and other details (as described below) have been included: Yes

>> Two copies of the following plans (drawn to scale not less than 1:50 on A3 paper) must be provided:

- o Floor plans including waste disposal facilities and location of equipment.
- o Elevations of each food preparation room / area.

>> If relevant, mechanical exhaust ventilation plans (must comply with AS1668 part 2) – including the layout and design of the canopy, ducting and discharge points as well as specifications of all equipment being serviced by the exhaust system. Calculations of flow rates for the exhaust must also be included.

>> Any technical reports or other information such as brochures or photos can be attached to accompany the plans

11. PAYMENT OPTIONS *(select one payment option ONLY)*

- IN PERSON** I have made payment in person at a council customer service desk upon submission of my application
- VIA PHONE** I wish to be contacted to pay over the phone via credit card (0.5% surcharge applies)
>> Contact number: () _____
- CHEQUE** (must be received with application)

>> **Application can be submitted in one of the following ways:**

- **Email:** enquiries@townsville.qld.gov.au
- **Postal:** PO Box 1268, Townsville, QLD 4810
- **Council's customer service desks located at:**
 - o 103 Walker St, Townsville City
 - o 86 Thuringowa Drive, Kirwan

CUSTOMER SERVICE USE ONLY			
Licence No.:		Fee:	
DW X Web Ref.:		Receipt	
Assessment No.:		Date:	



Checklist



Have you:

- Obtained approval from Planning and Development
- Completed all sections of the application form
- Completed the 'Kitchen Details' table
- Included a clearly drawn and labelled floor plan.
- Purchased Probe Thermometer – at least one which is:
 - Readily available at all times
 - Accurately measures temperature to +/- 1 °C
 - Digital display
- Determine how food will be packaged appropriately to protect from contamination
 - N/A
 - Food grade plastic containers
 - Vacuum packed
- Contact Queensland Health for advice on packaging and labelling requirements
- Purchased Detergent & Food Grade Sanitiser (if required)
- Purchased Liquid Soap & Paper Towel
- Access to First Aid Kit (with coloured Band-Aids)
- Access to Fire Safety Equipment

