

Renewal of Food Business Licence

Note: Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter N/A if the question does not apply.

Details of Business:		
Business Name:	ABN:	
Trading Name:		
Street Address:		
Locality/Suburb:	State:	Postcode:
Postal Address:		
Locality/Suburb:	State:	Postcode:
Email:	Phone:	

Contact Person:		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:		
Surname:	Given Name/s:	
Address:		
Locality/Suburb:	State:	Postcode:
Email:	Phone:	

Real Property Description:		
Lot No:	Reg Plan No.	Parish:

Description of food business (eg. café, restaurant, catering, etc):	
Does your business involve off site catering?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle details:	
Do you deliver food in a vehicle?	
Do you handle or prepare food in the vehicle?	
Vehicle details?	
Type:	Rego No.
Type:	Rego No.

Suitability of person to hold a licence:

Have any of the applicants been convicted for a breach of any food legislation? 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.

No Yes If 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? 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.

No Yes If 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? 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.

No Yes If Yes, please attach details

Nomination of Food Safety Supervisor: *mandatory

Mr Mrs Ms Other If other, please specify:

Surname:

Given Name/s:

Address:

Email:

Business Hours Phone:

Declaration

I declare the information provided in this renewal application to be true and correct.

Name:

Date:

Signature

Privacy Statement

Council is collecting this information in order to comply with its responsibilities as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. This information will not be disclosed to a third party unless you have given your written consent or we are required to do so by law. For more information about privacy at Central Highlands Regional Council see our Privacy Plan on our website.