

## Application for Amendment of Food Business Licence

*Note: Please complete this form accurately as inaccuracies lengthen the assessment process. The Food Act 2006 provides for 30 days to make a decision of this application. This may be extended by at least 30 days for further information. NB. GST does not apply to this application.*

Reason for Amendment:	
<input type="checkbox"/>	Change to Licensee (complete sections 1-9)
<input type="checkbox"/>	Change to Food Business details (other than relocation of food premise – complete sections 1, 2, 5 and 8)
<input type="checkbox"/>	Change to Food Safety Supervisor (complete sections 1, 2, 5, 7 and 8)

1. Applicant/Contact Details:			
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:	

2. Details of Current Licensee:		
Business Name:		ABN:
Trading Name:		
Street Address:		
Locality/Suburb:		Postcode:
Postal Address:		
Locality/Suburb:		Postcode:
Email:		Phone:

3. Details of Proposed Licensee:		
Business Name:		ABN:
Trading Name:		
Street Address:		
Locality/Suburb:		Postcode:
Postal Address:		
Locality/Suburb:		Postcode:
Email:		Phone:

4. Proposed Licensee Contact Details:			
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:	

<b>5. Description of food business (eg. café, restaurant, catering, etc):</b>	
Food Business Licence Number	
Real Property Description:	
Does your business involve off site catering?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Vehicle details:</b>	
Do you deliver food in a vehicle?	
Do you handle or prepare food in the vehicle?	
Vehicle details?	
Type:	Rego No.
Type:	Rego No.

<b>6. Nomination of Food Safety Supervisor:</b>	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:	
Surname:	Given Name/s:
Address:	
Email:	Business Hours Phone:
<b>*Please note, food safety qualifications must to be attached to this application form</b>	

<b>7. Suitability of person to hold a licence:</b>
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 <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please attach details
Have any of the applicants previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> 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 <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please attach details
Have any of the applicants been refused a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> 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 <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please attach details

<b>8. Current Licensee authorisation</b>	
I declare the information provided in this application to be true and correct.	
Name:	Date:
Signature	

**9. Proposed Licensee authorisation (if applicable)**

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

Name:

Date:

Signature

**CHECKLIST**

Have all parts of the form been completed by relevant persons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you included the application for amendment fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the current licence for the operator/premise been quoted in this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**GUIDANCE FOR APPLICANT DETAILS (to be attached)**

1. If the applicant is a corporation state the corporation's name, names of its directors, and the address of its registered office under the *Corporation Act*.
2. If the applicant is an incorporated association, state the incorporated associations name, names of the members of its management committee and the address of its registered office under the *Associations Incorporation Act 1981*.