



Application Home-Based Food Business Licence

Domestic Premises – Home Based Business

Food Act 2006

New License Amendment

Applicant details

Note: the applicant is the person responsible for making the application. The applicant is responsible for ensuring the information provided on all Cassowary Coast Regional Council application forms is correct. Any approval that may be issued as a consequence of this application will be issued to the applicant. The applicant may be, for example, the driver of extraordinary traffic on a local government road.

1. Can you lawfully operate the intended food business from the premises in accordance with planning requirements?

Yes I have enquired with Council’s Planning Approvals unit and I confirm I am lawfully able to operate the intended food business from the premises *(please provide confirmation below)*:

Development Permit #:

Planning Advice *(public reference ID)*:

No I have not enquired with Council’s Planning Approvals unit and/or I am unsure if I am able to operate from the premises lawfully. *NB. Your application will be internally referred to the Planning Approvals team as part of the assessment and may delay assessment.*

2. Do you have written consent of the property owner to operate a home based business from the premises?

Yes The premises is leased and/or part of a body corporate and the landlord/body corporate has provided written consent confirming they understand an additional charge may be imposed against the rates

No I am the owner of the property and understand there may be an additional charge may be imposed against the rates

3. Applicant Details

Who is making this application: Individual/Partnership *(if Partnership both names to be provided)* Corporation

Applicant Name (1): *(if Individual or Partnership)* Mr Mrs Miss Ms

Given Name/s:

Family Name:

Applicant Name (2): *(if Individual or Partnership)* Mr Mrs Miss Ms

Given Name/s:

Family Name:

Legal Entity Name: *(Corporation)*

Trust Name: *(if applicable) as trustee for*

Business Trading Name:

ABN: *(attach copy of ABN)*

Contact Name:

Name of all Directors:

Contact Number:

Contact Email (1):

Tick to opt-in for postal notifications regarding future renewal notices / reminders

Contact Email (2)

Residential Address:

Corporation Registered Address:

Postal Address:

4. Business details				
Business Trading Name:				
Business Address:		Lot:	Plan :	
Proposed start date:	____ / ____ / ____ <i>Day Month Year</i>	Hours of Operation: <i>Provide days and times</i>		
5. Suitability Details				
5A. Suitability of Applicant				
Has the applicant previously held a licence under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, including an executive officer of the corporation or member of the association's management committee, ever had a licence refused, suspended or cancelled, or been convicted of a relevant offence, other than a spent conviction, under the <i>Food Act 2006</i> , the <i>Food Act 1981</i> or a corresponding law: <i>(if yes, please provide details as an attachment)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
5B. Food Safety Supervisor				
All licenced food businesses must have at least one Food Safety Supervisor and for non-profit organisations, a nominated food handler				
Name:				
Telephone Number:				
Skills and knowledge: <i>Ensure supporting documentation such as copy of certificate/s is provided</i>	Course Code:			
	Date competency achieved:			
6. About your Food Business				
6A. Select the type of food business will you be: <i>(select the one that best describes your proposed food business)</i>	<input type="checkbox"/> Prepare and package food at home, then sell at markets/events			
	<input type="checkbox"/> Prepare at home and sell unpackaged at market/events			
	<input type="checkbox"/> Prepare at home and sell food as part of a bed and breakfast or similar			
	<input type="checkbox"/> Other <i>(describe)</i>			
6B. Type of food being produced: <i>(please describe, eg biscuits, cakes)</i>				
Select which option applies to the food you produce:	<input type="checkbox"/> Food contains cooked potentially hazardous ingredients <i>(eg milk, eggs)</i>			
	<input type="checkbox"/> All ingredients are shelf stable and do not require refrigeration.			
	<input type="checkbox"/> Other			
What food related processes do you undertake: <i>(please select all that apply and provide copies of all relevant procedures)</i>	<input type="checkbox"/> Atmospheric Packing <i>(eg. vacuum packing)</i>	<input type="checkbox"/> Bottling		
	<input type="checkbox"/> Cooking	<input type="checkbox"/> Delivery/transport		
	<input type="checkbox"/> Packing/Repacking food <i>(eg: dried spices)</i>	<input type="checkbox"/> Preparing food <i>(eg: chopping)</i>		
	<input type="checkbox"/> Washing food <i>(eg: fruit & vegetables)</i>	<input type="checkbox"/> Other <i>(describe)</i>		
Do your products require food labels in accordance with Queensland Health requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<i>Please refer to Qld Health's Label Buster Guide for requirements</i>			
Do you have a food recall system in accordance with the Food Standards: <i>(attach copy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How many people, including yourself, will work in the food business:				

7. Suitability of Food Premises and Food Safety

Plans are required to be drawn to a scale of not less than 1:100 and must be attached to this application

(NB. The floor plan must show details of the layout of all finishes, equipment, fixtures and fittings)

7A. Finish of Materials

Describe the type or material for each area, eg plasterboard, laminate, stainless steel, downlights.
(NB. all materials/finishes must be smooth, impervious, easy to clean)

Ceiling:	
Walls:	
Flooring:	
Sinks:	
Lighting: (NB. must be bright for cleaning and food handling)	

7B. Pest Control

Select the options that apply:
(ensure no gaps, cracks or crevices that will cause pests to enter or harbour)

- All windows and doors closed at all times
- Pest proof screens on all windows and doors
- Pest control treatment (provide details)
- Other (please describe)

7C. Hand washing facilities

Select the options that apply:

- | | |
|---|---|
| <input type="checkbox"/> Designated hand wash basin | <input type="checkbox"/> Using the same sink for pot washing with appropriate cleaning and sanitising between use |
| <input type="checkbox"/> Hot water | <input type="checkbox"/> Hands Free <input type="checkbox"/> Mixer Outlet |
| <input type="checkbox"/> Paper Towel | <input type="checkbox"/> Soap <input type="checkbox"/> Hands Free Bin |

7D. Dishwashing facilities

Select the options that apply:

- | | |
|---|--|
| <input type="checkbox"/> Double Bowl Sink | <input type="checkbox"/> Single Bowl Sink with appropriate cleaning and sanitising between use |
| <input type="checkbox"/> | Dishwasher (describe cycle used, eg, time and temperature for effective cleaning and sanitising) |

7E. Dry Food Storage Areas

Select the options that apply:

- | | |
|---|--|
| <input type="checkbox"/> Separate area from personal use food | <input type="checkbox"/> Same storage with foods segregated from personal use food |
|---|--|

7F. Cold and Frozen Storage Areas

Select the options that apply:

- | | |
|---|---|
| <input type="checkbox"/> Separate refrigerator/freezer from personal use food | <input type="checkbox"/> Same refrigerator/freezer with foods segregated from personal use food |
|---|---|

7G. Temperature monitoring

Select the options that apply:

- | | |
|--|--|
| <input type="checkbox"/> Probe Thermometer | <input type="checkbox"/> Records <input type="checkbox"/> Not undertaken |
|--|--|

7H. Cleaning and Sanitising Provide details of cleaning & sanitising procedures, including the name of the food grade sanitiser you use:

7I. Food Storage during Transportation

Provide details of how you will transport food in your vehicle:

- | | | |
|--|-------------------------------|--|
| <input type="checkbox"/> Refrigerator in vehicle | <input type="checkbox"/> Esky | <input type="checkbox"/> Non-temperature controlled containers |
| <input type="checkbox"/> | Other (please list) | |

Provide details of how you will protect food items from contamination in your vehicle:

- | | |
|---|---|
| <input type="checkbox"/> Designated food transport vehicle | <input type="checkbox"/> Stored separate from driver and passenger area |
| <input type="checkbox"/> No pets in vehicle when being used for food business | <input type="checkbox"/> Stored in sealable, food grade containers |
| <input type="checkbox"/> Vehicle cleaned thoroughly and frequently | <input type="checkbox"/> Other (please list) |

7J. Food Business Operations Processes and procedures

Select the option that applies:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fully documented | <input type="checkbox"/> Partially documented | <input type="checkbox"/> Not documented |
|---|---|---|

8. Amendment to Licence

Applicant Name:	
Food Licence Number:	
Details of amendment:	

9. Checklist

Please ensure the following before submitting your application:		
All sections of this form have been fully completed:	Yes <input type="checkbox"/>	
The plan and specifications are attached as required in section 8:	Yes <input type="checkbox"/>	
Written consent of property owner and/or body corporate is attached:	Yes <input type="checkbox"/>	N/a <input type="checkbox"/>
All directors names are attached:	Yes <input type="checkbox"/>	N/a <input type="checkbox"/>

8. Applicant Declaration

<p>If the application is made by a corporation, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation.</p> <p>I acknowledge I have read and understood the Home Based Food Business (Domestic Kitchen) Guidelines and the Final Inspection Checklist premises on the Cassowary Coast Regional Council website.</p> <p>I acknowledge the application fee may not be refundable if assessment of the application has commenced. The application fee includes one inspection, any additional inspections may incur further fees.</p> <p>I declare that information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application. I am aware that it is an offence to knowingly provide false or misleading information. I am also aware that it is an offence to commence operating a food business without an approved food business licence.</p>	
I have read and understood the above declaration.	
Name of Individual / Organisation:	
Name of Signatory: <i>If applicant is an organisation</i>	
Position: <i>Proprietor, Director, Manager etc.</i>	
Signature:	
Date:	

Prescribed Fees 2024-2025 Pro Rata 6 months applicable from 1 April (ie. 50% for 1-6 months)

	Half Yearly Fees 1 Apr – 30 Sept	Annual Fees 1 Oct -30 Sept
Category 1– Low Risk (eg: juice bars, home business, domestic water carrier)	<input type="checkbox"/> \$161.50	<input type="checkbox"/> \$323.00
Amendment to Food Licence	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge

OFFICE USE ONLY

Fee:	Receipt No:	Date:	Officer Name:
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Information Privacy Statement: Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal 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 Council permission or the disclosure is required by law.