

New Fixed Food Premises Assessment Application

Food Act 2006

Assessment of premises, suitability of applicant, floor and elevation plans, scale of proposed food handling activities



Application fees are not refundable if application is withdrawn, cancelled or refused.

1. Licence Category

☐ **Category A** - Aged care facility, private hospital, supermarket (total floor area of 1000m² or more), premises with multiple food preparation areas.

\$1,043.00

☐ **Category B** - Café, takeaway food bar, restaurant, mobile food vehicle (processing of potentially hazardous foods) child care centre, caterer, manufacturer (includes wholesale), supermarket (total floor area less than 1000m²).

\$834.00

☐ **Category C** - Accommodation premises, bed and breakfast, farm stay, fruit and vegetable shop, mobile food vehicle (no food processing – eg. smoko van), manufacturer of non-potentially hazardous foods only (does not include wholesale), home-based food business from domestic kitchens.

\$625.00

Annual Licence and Inspection Fee is also required upon final inspection as per Fees and Charges

2. Applicant Details:

(Complete For Individual Applicant Only)

Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐

Surname

Given name/s

Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐

Surname

Given name/s

Residential address

Postcode

Postal address (if different from above)

Postcode

Home phone no.

Mobile phone no.

E-mail

Complete For Registered Entity/Company Only:

ABN / ACN:

Company or incorporated association's Name

Director name/s or management committee names of incorporated association (attach additional sheet if more room required)

Corporations address of registered office or Incorporated associations nominated address:

Postcode

Postal address (if different from above)

Postcode

Phone no.

Mobile phone no.

E-mail

3. Electronic Authorisation

Gympie Regional Council now offers the option of having your Food Business Licence correspondence and information sent to you via email. Do you authorise Council to send you information electronically?

No ☐
Yes ☐

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(Printed copies are uncontrolled. It is the responsibility of each user to ensure that any copies of controlled documents are the current issue)

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☐ **Mechanical Exhaust Ventilation Certification –**

demonstrating compliance with AS1668.1 and AS1668.2 (if required);

☐ **Food Safety Supervisor certification** – please provide Food Safety Supervisor certification for all nominated Food Safety Supervisors;

☐ **Food Safety Program (for caterers, private hospitals & businesses supplying food to vulnerable persons).**

A Food Safety Program is required to be submitted to Council for accreditation with the relevant application form (HEF243) and fee if required in accordance with the *Food Act 2006* or *Food Safety Standard 3.3.1 Food Service to Vulnerable Persons* detailed in the *Australia New Zealand Food Standards Code*.

11. Declaration:

If you have not told the truth in this application, you may be liable for prosecution under the *Food Act 2006*.

- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.
- I understand that Gympie Regional Council collects personal information where it is directly related to a function or activity of Council and where the collection of such information may be reasonably considered as necessary for that purpose. It will only use personal information for that purpose, and will not disclose it, except as permitted under the *Information Privacy Act 2009*.
- I understand that public availability of information supplied on or with this application can be restricted only after the confidentiality of information has been tested by application through the *Right to Information Act 2009*, and that the information supplied on or with this application may be used in accordance with the *Evidence Act 1977*.

Print Name

Applicant Signature 1

Date

Print Name

Applicant Signature 2 (if applicable)

Date

Privacy Statement

Gympie Regional Council collects personal information in accordance with our Information Privacy Policy, a copy of which is available from the Council website. In providing your personal information e.g. name and contact details, please note that due to aspects of electronic communications outside of Council's control,

You are agreeing to the possible transfer of your information outside Australia under s33 of the Information Privacy Act 2009.

How to lodge this form with Council

Applications can be made either in person at 29 Channon Street, Gympie (8:30am – 4:30pm) or via email to health@gympie.qld.gov.au Invoices are issued to applicants upon receipt of the application and payment can be made online at: payments.gympie.qld.gov.au

Please be advised assessment of your application does not occur until Council receives invoice payment.

Where to for further information

Should you require further information regarding Food Business Licence requirements, please do not hesitate in contacting Council's Environmental Health Services Section on telephone 1300 307 800, by email health@gympie.qld.gov.au, or visiting Council's website www.gympie.qld.gov.au.

Supporting Information Checklist - New Fixed Food Premises

Description of Materials/Finishes

Please provide information on the type of materials and finishes of the proposed food premises.

Floors:

Coving:

Description of how appliances/fixtures are mounted/installed on flooring: (e.g. benches/shelving/refrigerators fitted with metal legs, wheels or on plinths – list more than one where applicable)

Walls:

Walls surface behind cooking equipment:

Splashback surfaces:

Ceilings:

Floor to ceiling height: (mm)

Internal window sills: ☐ Splayed 45°C ☐ N/A

Lighting:

Recessed: ☐ Y ☐ N

Covers: ☐ Y ☐ N

Description of Lighting:

Benches:

Fixed: ☐ Y ☐ N

Castors: ☐ Y ☐ N

Legs: ☐ Y ☐ N

Benches Construction:

Cabinets:

Fixed: ☐ Y ☐ N

Castors: ☐ Y ☐ N

Legs: ☐ Y ☐ N

Cabinets Construction:

Temperature Control Appliances

Cold room: ☐ Y ☐ N

Freezer room: ☐ Y ☐ N

Hot and/or cold display: ☐ Y ☐ N

Do the temperature control appliances have adequate lighting? ☐ Y ☐ N

Cooking Equipment List (include all)

(e.g. deep fryers, bain-maries, ovens, grills, toasters, dishwashers etc.)

Appliance Description	Power Output	Under Mechanical Ventilation Unit (Yes/No)

If you require more room, please attach further appliance information on a separate page.

Cleaning Facilities

Double bowl sink: <input type="checkbox"/> Y <input type="checkbox"/> N	Size of each sink: (litres)	Drainage area of each sink: (m ²)
Dishwasher: <input type="checkbox"/> Y <input type="checkbox"/> N	Glasswasher: <input type="checkbox"/> Y <input type="checkbox"/> N	
Food preparation sink: <input type="checkbox"/> Y <input type="checkbox"/> N	Size: (litres)	Drainage area: (m ²)
Hand wash basin: <input type="checkbox"/> Y <input type="checkbox"/> N	Size: (litres)	Drainage area: (m ²)
Single spout: <input type="checkbox"/> Y <input type="checkbox"/> N		
Hand wash basin method of operation: (e.g. flick mixer / sensor hands free)		
Cleaners sink: <input type="checkbox"/> Y <input type="checkbox"/> N	Drop down grate: <input type="checkbox"/> Y <input type="checkbox"/> N	
Splash backs supplied above all sinks/basins: <input type="checkbox"/> Y <input type="checkbox"/> N		
Grease trap: <input type="checkbox"/> Y <input type="checkbox"/> N	Size: (litres)	
Floor wastes: <input type="checkbox"/> Y <input type="checkbox"/> N	Quantity:	

Please note all plumbing work is required to comply with requirements of Council's Plumbing Department prior to commencement of use. Please contact Council's Plumbing Department on 1300 307 800 for further information.

Washing Facilities

Dishwasher	Brand/Manufacturer:	
	<u>Washing & Rinsing:</u>	
	Action automatic:	<input type="checkbox"/> Y <input type="checkbox"/> N
	Washes in one operation:	<input type="checkbox"/> Y <input type="checkbox"/> N
	<u>Rinse Details:</u>	
	Water at 50°C with 50mg/kg Sodium Hypochlorite: or	<input type="checkbox"/> Y <input type="checkbox"/> N
	Water at 75°C or higher.	<input type="checkbox"/> Y <input type="checkbox"/> N
	Water heater:	<input type="checkbox"/> Integral <input type="checkbox"/> Separate
Thermometer visible?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Glasswasher	Brand/Manufacturer:	
	<u>Washing & Rinsing:</u>	
	Action automatic:	<input type="checkbox"/> Y <input type="checkbox"/> N
	Washes in one operation:	<input type="checkbox"/> Y <input type="checkbox"/> N
	<u>Rinse Details:</u>	
	Water at 50°C with 50mg/kg Sodium Hypochlorite: or	<input type="checkbox"/> Y <input type="checkbox"/> N
	Water at 75°C or higher.	<input type="checkbox"/> Y <input type="checkbox"/> N
	Water heater:	<input type="checkbox"/> Integral <input type="checkbox"/> Separate
Thermometer visible?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Hot Water System

Type:	Commercial Model No:
<input type="checkbox"/> Attached certification stating the system is adequate to supply continuous hot water at greater than 60°C at all points of use.	

Mechanical Exhaust Ventilation System

Constructed/installed by:	
Name:	Phone:
Company:	Address:

☐ You are required to attach a certificate from the installer specifying that the mechanical exhaust canopy complies with AS/NZS1668; The Use of ventilation and air conditioning in buildings – Mechanical ventilation in buildings, prior to final approval being issued.

Pest Prevention (Describe how pests such as cockroaches, flying insects and rodents will be excluded from the premises)

Operation and Amenities

Number of Employees:

Dining: ☐ Y ☐ N

Number of seats:

Toilet facilities for customers: ☐ Y ☐ N

Separate toilet facilities for staff: ☐ Y ☐ N

Number of female toilets:

Number of male toilets:

Number of unisex toilets:

Liquor Licence: ☐ Y ☐ N

BYO: ☐ Y ☐ N

Staff and personal belongings storage: Description (type & location)

Cleaning equipment storage: Description (type & location)

Office/paperwork storage: Description (type & location)

Garbage /waste storage facilities: Description (type & location)

Provide explanation of food types and preparation procedures (eg. cook-to-order takeaway meals)