

Application fees are not refundable if application is withdrawn, cancelled or refused

## 1. Application Type:

### Minor - Alteration of Food Premises

A minor re-fit application applies when there is a proposed minor alteration to the fit-out of an existing licensed food premises. A minor alteration may involve the installation of an additional hand washing facility or the construction of a dry store for example. It does not include the replacement or upgrading of existing fixtures, fittings and equipment with that of a like nature to occupy the same or similar location/s (i.e. replacement of deteriorated flooring).

### Major - Alteration of Food Premises

A major re-fit application applies when there is a proposed major alteration to the fit-out of an existing licensed food premises. A major structural alteration may involve the expansion or addition of a food preparation area, the installation of multiple fixed equipment items, or a reconfiguration of the approved food storage and preparation areas for example.

## 2. Licence Category

- Category A:** Aged care facility, private hospital, supermarket (total floor area of 800m<sup>2</sup> or more), premises with multiple food preparation areas.
- Category B:** Café, takeaway food bar, restaurant, mobile food vehicle, child care centre, caterer, manufacturer (includes wholesale), supermarket (total floor area less than 800m<sup>2</sup>).
- Category C:** Accommodation premises, bed and breakfast, farm stay, fruit and vegetable shop, manufacturer of non-potentially hazardous foods only (does not include wholesale), home-based food business from domestic kitchens.

## 3. 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

# Minor / Major Alteration of Food Premises Application

Food Act 2006



## 4. 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

## 5. Business Details:

**Business Name (trading name)**

**Business Address**

.....  
.....  
Postcode

**Business phone no.**

**Business mobile no.**

**Business E-mail**

## 6. Attachments:

Please tick to confirm you have provided the following attachments with this application.

- Written Description** – outlining proposed changes to food premises
- Floor Plan** – Existing floor plan drawn to a scale of 1:100 with the proposed changes clearly indicated.

## 7. 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 eg. 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*

### 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](mailto:health@gympie.qld.gov.au), or visiting Council's website [www.gympie.qld.gov.au](http://www.gympie.qld.gov.au).

### 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](mailto: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](http://payments.gympie.qld.gov.au)

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

## 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 <sup>2</sup> )
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 <sup>2</sup> )
Hand wash basin: <input type="checkbox"/> Y <input type="checkbox"/> N	Size: (litres)	Drainage area: (m <sup>2</sup> )
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:	

# Minor / Major Alteration of Food Premises Application

Food Act 2006



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 &amp; 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 &amp; 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:

<input type="checkbox"/> 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.	
<b>Pest Prevention</b> (Describe how pests such as cockroaches, flying insects and rodents will be excluded from the premises)	
<b>Operation and Amenities</b>	
Number of Employees:	
Dining: <input type="checkbox"/> Y <input type="checkbox"/> N	Number of seats:
Toilet facilities for customers: <input type="checkbox"/> Y <input type="checkbox"/> N	Separate toilet facilities for staff: <input type="checkbox"/> Y <input type="checkbox"/> N
Number of female toilets:	Number of male toilets:
Number of unisex toilets:	
Liquor Licence: <input type="checkbox"/> Y <input type="checkbox"/> N	BYO: <input type="checkbox"/> Y <input type="checkbox"/> 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)	