

SUITABILITY OF PREMISES APPLICATION

Food Act 2006



All required sections must be fully completed and required documentation submitted with this application. An incomplete application will not be accepted and will delay assessment. Relevant plans MUST be included with the application.

1. Have you contacted Council's Governance and Operations Department on (07) 40404500 to ensure you have Town Planning approval to lawfully operate from the premises?

<input type="checkbox"/> Yes – I confirm I am lawfully able to operate the intended food business from the premises. <i>Please provide Development Approval Number or advice received.</i>
<input type="checkbox"/> No – Contact Council before proceeding further.
<input type="checkbox"/> NA – Already operating from a lawful and legal use.

2. Have you obtained advice from a building certifier to determine if building approval is required?

<input type="checkbox"/> Yes	Building Certifier name: <i>Complete section 2A</i>
<input type="checkbox"/> No	Do not proceed any further with this application – contact a building certifier for advice
2A. Is Building Approval required?	
<input type="checkbox"/> Yes	Attach building approval and proceed to section 3
<input type="checkbox"/> No	Proceed to section 3

3. Applicants Details

Is the applicant a Not-for Profit Organisation?	Yes <input type="checkbox"/> <i>Please attach supporting documents from ATO</i>	No <input type="checkbox"/>
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Full name (Individual, Trust, Company or Incorporated Association name in full):

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Telephone.....Mobile.....

Email.....

Registered Address.....

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ABN.....

Is the applicant a Corporation or Incorporated Association?	Yes <input type="checkbox"/> <i>Please attach a complete list of all directors or members of the management committee</i>	No <input type="checkbox"/>
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4. Business Details

Business Trading Name

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Business Address

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Lot and Plan of Business Address: LotPlan.....

5. Property Owner's Details

Name/s (Individual or Company):.....

Address:.....

Telephone.....Mobile.....

6. About the Food Business

Select the type of food business being constructed: <i>(select the one that best describes the proposed food business)</i>	<input type="checkbox"/> Backpacker/Motel/Bed & Breakfast	<input type="checkbox"/> Bakery/Patisserie
	<input type="checkbox"/> Beverage manufacturer	<input type="checkbox"/> Café
	<input type="checkbox"/> Canteen	<input type="checkbox"/> Coffee roaster
	<input type="checkbox"/> Convenience store	<input type="checkbox"/> Cooking demonstrator
	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food packer
	<input type="checkbox"/> Food shop	<input type="checkbox"/> Food wholesaler
	<input type="checkbox"/> Fruit & vegetable grocer	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Licensed bar	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Sports club	<input type="checkbox"/> Supermarket
	<input type="checkbox"/> Other <i>(describe)</i>	
How many areas are there where food is handled and stored <i>(eg: supermarkets, aged care, hotels may have multiple areas):</i>		

7. About the Plans

All plans are required to be drawn to a scale of not less than 1:100 and must be attached to this application <i>(NB. If the answer is no to any of the below questions, do not proceed with this application until the plans meet the below requirements)</i>		
Does your site plan show the food premises location, waste storage, external facilities (eg cleaners room) carparking, staff and public toilet facilities and adjacent land uses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your floor plan show details of the layout of all finishes, work flow, work stations, equipment, fixtures and fittings of a bird's eye view?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your sectional elevation show a side on view of the walls of the premises and the height of structures, benches, equipment, cold rooms and freezer rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your hydraulic plan show the location of water, sewerage pipes, connection types, tundishes and grease traps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you provided a schedule of the specifications of all of the finishes and equipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you provided plans for the mechanical ventilation system compliant with AS1668.2-2012 and the relevant QBCC Form 15 for the design of mechanical ventilation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. About the Fit-out

8A. Provide description of materials / finishes for each of the below (eg. Stainless steel, tiles, plasterboard etc. If mixed, attach further information to this application)									
Walls – Kitchen		Walls – Behind cooking equip							
Walls – Sink (splash backs)		Walls – Other							
Floors		Coving type (mm)							
Ceilings		Floor to ceiling height (mm)							
8B. Please answer each of the below:									
Lighting:	Recessed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Covers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pendant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there sufficient lighting to clearly illuminate areas for cleaning and food preparation:							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Benches:	Fixed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Castors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Legs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cabinets:	Fixed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Castors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Legs:	<input type="checkbox"/> Yes	No

9. Cooking and Dishwashing Equipment

List and attach specifications for each:

Appliance Description (Note: all deep fryers must be under mechanical ventilation)	Total Maximum Power Input (kWh) or Total Gas Input (Mj/h)	Is Appliance under Mechanical Ventilation (i.e. Exhaust Canopy)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Mechanical Ventilation System

Please provide details regarding the design, construction and installation of the mechanical ventilation system	
Company name:	
Contact name:	
QBCC Licence number:	
Contact address:	
Contact number/s:	
<i>Note: Following installation and testing you will be required to provide a QBCC Form 15 and Form 16 from the installer or suitably qualified engineer specifying that the mechanical ventilation complies with Australian Standard 1668.2-2012 – The use of ventilation and air-conditioning in buildings, prior to a food business licence being issued.</i>	

11. Temperature Control Appliances

Cold display	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hot display	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Freezer room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cold room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self-service buffet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (describe):		
Are all heating and chilling appliances fitted with a temperature display:				<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Prevention of Pests

Describe how the design and construction of the premises prevents the entry and/or harborage of pests: <i>(eg. Pest proof strips, pest management program, no harborage locations licenced pest control services)</i>	

13. Fixtures and Fittings

13A. Identify the types, number and specifications of all sinks in the premises (where more than one, provide details for each sink):					
Sink	Number	Size (L)	Single Spout	Method of Operation <i>(eg. hands free)</i>	Water Temperature °C
Designated hand wash basin:					
Designated food preparation sink:					

Designated double-bowl pot wash sink:						
Designated single-bowl pot wash sink:						
Designated cleaner's sink:						
Total number of sinks in the premises: <i>(Note: double-bowl sinks are counted as two sinks)</i>						
13B. Dishwasher – please answer the following:	Under canopy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	External temperature display	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Washing temperature > 77°	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rinsing temperature > 82°	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capable of washing & rinsing in 1 cycle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal bushes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13C. Glasswasher – please answer the following:	Under canopy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	External temperature display	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Washing temperature > 77°	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rinsing temperature > 82°	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capable of washing & rinsing in 1 cycle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal bushes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13D. Grease Trap	<input type="checkbox"/> Yes Size: _____(L)			<input type="checkbox"/> No		
13E. Floor waste / drains	<input type="checkbox"/> Yes Number:			<input type="checkbox"/> No		
Note: All plumbing work / alterations must have approval and be inspected by Plumbing & Trade Waster prior to commencement of any work. In addition, a Trade Waste approval may be required.						

14. Water

Do you use potable water:	<input type="checkbox"/> Yes							
	<input type="checkbox"/> No - you must contact Council for further details							
Select the hot water system you use:	Instant	<input type="checkbox"/>	Solar	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>
Describe the size in litres of the hot water system:	Volume:							
Does the hot water system supply to all of the sinks in the food business:	<input type="checkbox"/> Yes				<input type="checkbox"/> No			

15. Operation and Amenities

Floor Space:	Total Floor Space: _____ m ²					
	Kitchen: _____ m ²	Dry store: _____ m ²	Cold Store: _____ m ²	Dining: _____ m ²		
	Cleaners room: _____ m ²	Staff: _____ m ²	Office: _____ m ²	Other: _____ m ²		
Do you have adequate facilities for:	Cold & frozen food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dry goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fresh fruit & vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Returned/Recalled food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Packaging material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Utensils & Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cleaning equipment & chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Clothing & personal staff items	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Garbage & recyclable material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Office & administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of employees:						
Is there dining:	<input type="checkbox"/> Yes Number of seats: _____			<input type="checkbox"/> No		
Customer toilet facilities:	<input type="checkbox"/> Yes Number of toilets: _____			<input type="checkbox"/> No		
	Number of hand wash basins: _____					
Staff toilet facilities:	<input type="checkbox"/> Yes Number of toilets: _____			<input type="checkbox"/> No		
Is a liquor licence required:	<input type="checkbox"/> Yes			<input type="checkbox"/> No		

16. Checklist

Please ensure the following before submitting your application:		
All relevant sections of this form have been fully completed	<input type="checkbox"/> Yes	
All plans and specifications are attached as required in section 7	<input type="checkbox"/> Yes	
All directors names or members names of a management committee are attached	<input type="checkbox"/> Yes	<input type="checkbox"/> N/a
Application for footpath dining has been submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> N/a
Application for advertising signs has been submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> N/a
Application for trade waste approval has been submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> N/a

17. Authorisation to Agent/Consultant

If an agent/consultant is assisting you with your application, please authorise them so we can discuss your application directly with them.	
I, the applicant, give written consent for the agent / consultant nominated below to correspond with Council about this application	<input type="checkbox"/> Yes
Name of Organisation:	
Contact Person:	
Telephone Number:	
Contact Email:	

18. Applicant Declaration

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.	
I declare that the 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.	
Name of Individual / Organisation	
Name of Signatory <i>If applicant is an organisation</i>	
Position <i>Proprietor, Director, Manager etc.</i>	
Signature	
Date	

19. Fee Schedule

Council will invoice the required fee after receipt of application.
Inspection fees are charged at \$100 per inspection.

20. Application Submission and Enquiries

Application enquiries can be made to Council's Governance and Operations Department via phone on (07) 4040 4500 or email to comments@kowanyama.qld.gov.au

Completed applications are to be addressed to **Kowanyama Aboriginal Shire Council, Governance and Operations Department** and submitted via email to comments@kowanyama.qld.gov.au or posted to the following address:

PO Box 769
Bungalow QLD 4870