

APPROVAL AMENDMENT

Food Act 2006

APPLICANT DETAILS	
Applicant name <i>(full name or Pty Ltd proposed approval holder)</i>	
Trading as	
Contact name	
Postal address	
Telephone	(primary) <input type="text"/> (mobile) <input type="text"/>
Fax	
Email	
Non profit organisation	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide non for profit evidence)
<p>This application is only applicable if you are requesting an amendment to a current food business approval. You will need to clearly indicate the proposed amendment/s eg change of licensee details, design or fit out of the premises and/or activities to be undertaken (The approval amendment must be accompanied by the current Food Business Certificate to facilitate the issue of the amended approval). Please contact an Environmental Health Officer should you need to confirm the inclusion of plans with this application</p>	
PROPOSED AMENDMENT DETAILS	
<input type="checkbox"/> Licensee Details <input type="checkbox"/> Food Safety Supervisor <input type="checkbox"/> Design & Fit out <input type="checkbox"/> Food Safety Program <input type="checkbox"/> Activities to be Undertaken <input type="checkbox"/> Other	
Provide details of the proposed amendment/s	
CURRENT APPROVAL HOLDER AUTHORISATION	
Applicant name <i>(please print)</i>	
Existing food approval number	
As the current Food Business Approval holder, Ihereby consent to all amendment details	
Signature	Date

FIXED FOOD BUSINESS DETAILS (if applicable)			
Premises name			
Property address			
Legal description	Lot	Plan	
Type of food sold			
MOBILE BUSINESS DETAILS (mobile food & water - if applicable)			
Make of vehicle			
Type of vehicle			
Vehicle registration no			
Address for inspection <i>(must provide)</i>			
Type of food sold			
MOBILE WATER BUSINESS DETAILS (only - if applicable)			
Tank capacity (Litres)			
Tank construction material	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Polyethylene <input type="checkbox"/> Other	<input type="checkbox"/> Mild Steel <input type="checkbox"/> Fibreglass	
Tank lining			
Pump cable only drawing from tanker	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TEMPORARY FOOD BUSINESS DETAILS (once off only - if applicable)			
Community event			
Date of event			
Location of event			
Type of food sold			
FOOD SAFETY SUPERVISOR (FSS)			
Food safety supervisor			
Postal address			
Telephone	(primary)	(mobile)	
Fax			
Email			
FSS Signature		Date	
Please submit a copy of a statement of attainment or certificate issued by a Registered Training Organisation that demonstrates the Food Safety Supervisor has met the required competencies.			

SUITABILITY OF PERSON TO HOLD AN APPROVAL

What skills and knowledge in food safety and hygiene matters does the applicant possess?

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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.*

Yes (please attach) No

Have any of the applicants previously held a licence under the *Food Act 2006*, the *Food Act 1981* 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.*

Yes (please attach) No

Have any of the applicants been refused a licence under the *Food Act 2006*, the *Food Act 1981* 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.*

Yes (please attach) No

Is payment required?	No <input type="checkbox"/> <i>(attach non profit or other evidence)</i>	Yes <input type="checkbox"/> <i>(Please complete Credit Card Authorisation if not paying in person)</i>
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IMPORTANT NOTICE - Privacy Statement

Scenic Rim Regional Council is collecting your personal information in accordance with the *Food Act 2006* in order to assess and issue the application for approval. The information will only be accessed by Scenic Rim Regional Council for Council business related activities. Some of this information may be given to State or Commonwealth Government agencies if requested for the purposes or investigating any alleged offences under State or Commonwealth Legislation. Your personal information will not be given to any other person or agency unless you have given us permission or we are required by law. Your personal information is also handled in accordance with the *Privacy Act 2009*.

Declaration

I hereby apply for an approval amendment to undertake the above mentioned prescribed activity. I certify that information I have provided is true, correct and subject to compliance by the applicant to the *Food Act 2006* and Policy of the Scenic Rim Regional Council.

Applicant name <i>(proposed approval holder)</i>	
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Signature	Date
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Council use only - PLUS Enter Application Number

Amount \$	Receipt #	Doc set	Cashier
Date	Application #	Date Recd	Resp area

Submitting to Council - ABN 45 596 234 931

	Scenic Rim Regional Council, PO Box 25, BEAUDESERT QLD 4285
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	Beaudesert Customer Service Centre Boonah Customer Service Centre Tamborine Library & Customer Service	82 Brisbane Street, Beaudesert 70 High Street, Boonah Cnr Main St & Yulong Rd, Tamborine Mountain
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 (07) 5540 5111	 (07) 5540 5103	 mail@scenicrim.qld.gov.au
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