McKinlay Shire Council

29 Burke Street, Julia Creek P.O. Box 177, Julia Creek QLD 4823 Telephone 07 47467166 Facsimile 0747467549 Email reception@mckinlay.qld.gov.au



Food Business Licence Renewal Form

Section 1 – Applicant details						
Full Name:						
Telephone: Facsimile: Address:		Mobile: Email:				
Section 2 – Food b	ousiness details					
Contact name for this application:						
Telephone: Facsimile:		Mobile: Email:				
Company Name: (if applicable)						
Trading Name: (if applicable)						
Description of food business: (eg café, restaurant, cannery etc)						
Does your business involve and off site catering? Yes / No Address of Food Premises:						
Real Property Desc	ription: Lot No.	Plai	n No.			
Real Property Description: Lot No. Plan No. Postal Address of Food Premises:						
Office Use Only						
Entered By: Application Number:						

Section 3 – Currer	nt approval de	etails				
Please insert your approval n	umber for each appr	oval type issued by le	ocal government.			
Approval Type	App	roval Number		Office Use Only		
Building Approval						
Plumbing and Drainage	Approval					
Development Approval						
Trade Waste Approval						
Other - please specify						
Section 4 – Suitab	ility of a pers	on to hold a	licence			
Skills and Knowledge of						
Have any of the applica	nts been convicte	ed for abreach of	any food legisla	ation? If the applicant is a		
Have any of the applicants been convicted for abreach 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						
management committee are		`	Ves / No (if Ve	es, please attach details)		
Have any of the applica	nts previously he	ld a licence unde	er the Food Act	2006, the Food Act		
1981 or a corresponding						
incorporated association, an						
committee are included.						
		Ň	Yes / No (if Ye	es, please attach details)		
Have any of the applica						
		•	•	ion, an executive officer of the		
corporation or a member of th	ne association's man	-				
		`	Yes / No (if Ye	es, please attach details)		
Continue E Nousin						
Section 5 – Nomination of food safety supervisor						
Note: if you do not know the o	details of your food sa	afety supervisor(s) at	this time, do not co			
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