



Phone: 07 4745 5100
Fax: 07 4745 5181
office@burke.qld.gov.au

Musgrave Street Burketown
PO Box 90
BURKETOWN QLD 4830

Food Act 1981

Food Hygiene
Regulation 1989

FORM 1

Food Operators Licence 2011-12

Application for Licence to Conduct Food Business – Existing Business

If you have any specific enquiries regarding how to complete this form or applicable fees please contact Council. Please complete this application and tick boxes where applicable. If a question does not apply, please indicate by writing 'n/a'.

Class or description of Business

Bakery	<input type="checkbox"/>	Market Food Stall	<input type="checkbox"/>
Cafe / Restaurant	<input type="checkbox"/>	Standing Vehicle	<input type="checkbox"/>
Manufacturer / Packer	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Food Shop	<input type="checkbox"/>		
Takeaway	<input type="checkbox"/>		
Mobile Food Vendor	<input type="checkbox"/>		

Applicant/s details

Title	Title
Family Name	Family Name
Given Names	Given Names

I / We hereby make application for a licence to conduct businesses of the class or description set out in the schedule below.

Signature	Signature
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Contact details

Postal Address	
Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Ph <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	e-mail: _____



Has your premises been registered?

Business details

Shop / Business Name		
Manager's Name		
Business Address		
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Ph <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Business Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	e-mail: <input type="text"/>
Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Hours of business:	From:	To:
Vehicle details:	Type:	Registration No.:

Lodgment

On completion of this application, please forward it, the required supporting documentation, and the application fee of \$160.00 to Council at the address on the front of this form.

Please note: This application MUST be lodged with Burke Shire Council.

Office use only

Application Fee:		Reg No.:	
Receipt Code		ID No.:	
Authorised Officer		Inspection Date	
Recommendation			
			Rec Number:
Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account: Property Number:		