



KING ISLAND COUNCIL

Food Act 2003 Sections 87 & 89
APPLICATION FOR FOOD BUSINESS LICENSE 2018/19
Application for Registration/Renewal of a Food Business
(including mobile food business)

SECTION 1.

FOOD BUSINESS PROPRIETOR'S DETAILS

Name of Applicant:	
ACN (if a Company):	
Address:	
	Postcode:
Telephone:	Mobile Number:
Email:	

SECTION 2.

BUSINESS DETAILS

Location of business:	
Name of business:	
Postal Address:	Postcode:
Contact person:	
Telephone Number:	Mobile Number:
Facsimile:	
Email:	
Emergency contact:	Telephone:
Type of business (eg. Cafe, Bakehouse, Restaurant etc):	
Types of food:	

SECTION 3.

TEMPORARY FOOD PREMISES

Do you intend to Prepare/Sell or provide food: <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES a separate Temporary Food Premises application form must be completed, see attached Information Sheet (Page 4)
If yes, please provide details of type/s of food to be prepared/sold or provided:
Does your business serve raw egg products (e.g. Egg mayonnaise, Aioli sauce, any food where egg is not cooked)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly list which raw egg products are prepared:



SECTION 4.

MOBILE FOOD BUSINESS

Vehicle / trailer registration number:

Garage Address

SECTION 5.

PROPOSED HOURS OF OPERATION (OR ATTENDANCE ON SITE)

MON _____ TUES _____ WED _____ THUR _____
 FRI _____ SAT _____ SUN _____

Details of skills and knowledge (*food safety qualifications, training or experience*) of the proprietor and food handlers (*please attach details if insufficient space*).

Details of any proposed or operational quality assurance program, food safety plan or other approved food safety management system (*Please attach details if insufficient space*).

SECTION 6.

PLANS AND SPECIFICATIONS

New or altered food businesses only

For new or altered premises (including mobile food businesses), please attach plans and specifications or other information clearly showing the design, fitting out and arrangement of plant equipment for the proposed use.

SECTION 7.

FEE AND SIGNATURE

LOW RISK \$164.00

MEDIUM RISK \$189.00

HIGH RISK \$210.00

Signature of applicant for registration/renewal:

Dated this _____ day of _____ 20____

Please lodge your completed form and application fee with the General Manager of the Council

Office Use Only

Receipt No: _____ Date: _____

