



Tablelands Regional Council
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APPLICATION FOR APPROVAL OF DESIGN AND FIT OUT OF FOOD BUSINESS

(Please complete and return pages 1 – 13)

Application for approval for: (Please tick relevant boxes)

- The Design and Fit Out of a **new** food premises, place or vehicle (plan assessment necessary)
 - The Design and Fit Out of an **existing** food premises for use (no plan assessment)
 - Alteration** of a premise already licensed for use as a food business (plan assessment necessary)
-
- Site Plan 1:100 scale
 - Floor Plan 1:100 scale
 - Sectional Elevations 1:50 scale
 - Mechanical Ventilation Plans 1:50 scale
 - Hydraulic Plans 1:50 scale

SECTION 1 – APPLICATION DETAILS

Full Name (Proprietor/s): _____

Telephone: _____ Mobile: _____

Facsimile: _____ Email: _____

Address: _____

SECTION 2 – FOOD BUSINESS DETAILS

Telephone: _____ Mobile: _____

Facsimile: _____ Email: _____

Company name: (if applicable) _____

Director/s name: _____

Trading name: (if applicable) _____

Does your business involve any off-site or on-site catering?: (please circle) Yes No

Mobile Vehicle Registration No: (if applicable) _____

Address of food premises:
 (include name of shopping centre, if applicable) _____

Real property description: Lot no. _____ Registered plan no.: _____

Postal address of food premises: _____

Signature(s): _____ Date: _____

SECTION 3 – ARCHITECT/DRAFTSMAN DETAILS

Name of Architect/Draftsman: _____

Address: _____

E-mail: _____

Telephone: _____

Facsimile: _____

SECTION 4 – APPLICATION PARTICULARS

Describe Alteration (if applicable): _____

Maximum Number of Diners Catered for (if applicable): _____

Type of Food Premises, Place or Vehicle (refer to Schedule 2): _____

Café / Restaurant

Takeaway Food Bar

Cannery

Cordial / Soft Drink Factory

Food Shop

Food Manufacturer / Packer

Bakery / Pastry cook

Private Nursing Home / Hospital

Mobile food Vehicle

Other (Please Specify)

If you are operating a Temporary Food Business
on 1 or up to 12 occasions in a calendar year

Refer to the Temporary Food Guide

Types of Activities Carried out at Food Premises, Place or Vehicle:

Preparation Packing Processing Storing Supplying Handling
Serving Treating (eg heating) Other (Please Specify)

Assessment Guide Instructions

Please complete the following sections to assist in the assessment process.

The “**Performance Criteria**” is a summary of the requirements of the **Food Safety Standards (FSS)**. All such criteria must be met in order to comply.

The “**Acceptable Solutions**” are suggested “best practice” solutions to meet the performance criteria. Any proposal that is not listed in this section will require documented proof that the design and construction will still comply with the *Food Safety Standards* and will not affect the production of safe food.

To assist in interpreting the requirements, you may refer to the following:

- Standard 3.1.1 Interpretation and Application
- Standard 3.2.2 Food Safety Practices and General Requirements
- Standard 3.2.3 Food Premises and Equipment
- Australian Standard 4674 – Design, construction and fit-out of food premises

Please telephone the **Environmental Health Officer on 1300 362 242** if you wish to discuss any alternative proposal or need assistance.

SECTION 5 – DESIGN AND FIT-OUT

All information included on this section is to be clearly indicated on the submitted plans. (eg. design and type of material to be used)

Animals and Pests

Relevant Standard FSS 3.2.2, Division 6, Clause 24

Performance Criteria	Acceptable Solutions
<p>Take all practicable measures to prevent pests entering the food premises; and</p> <p>Take all practicable measures to eradicate and prevent the harbourage of pests on the food premises.</p>	<p><u>Eradication</u></p> <ul style="list-style-type: none"> • Regular professional pest control service • Use of chemicals or physical means <p><u>Prevention of Entry</u></p> <ul style="list-style-type: none"> • Screens to doors and openings • Self Closing Doors • Double Doors • Plastic Strips, Air Curtains

What practicable measures have been taken to prevent pests entering the food premises?	OFFICE USE	
	Initial Assessment	Final Assessment
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Walls

Relevant Standard FSS 3.2.3, Division 3, Clause 11

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate for activities to be carried out <input type="checkbox"/> Provided to protect food from contamination <input type="checkbox"/> Sealed to prevent entry of dirt, dust and pests <input type="checkbox"/> Impervious <input type="checkbox"/> Easily & effectively cleaned <input type="checkbox"/> Unable to provide harbourage for pests 	<ul style="list-style-type: none"> <input type="checkbox"/> Ceramic tiles <input type="checkbox"/> Gloss painted FC sheeting <input type="checkbox"/> Impervious panelling <input type="checkbox"/> Smooth finish provided <input type="checkbox"/> Splash backs provided to sinks and benches <input type="checkbox"/> Heat resistance material behind cooking equipment

What type of material are the walls to be made out of? Include details of colour and design, (e.g. white ceramic tiles with epoxy sealed grout). (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Floors

Relevant Standard FSS 3.2.3, Division 3, Clause 10

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Designed and constructed in a way that is appropriate for the activities conducted <input type="checkbox"/> Able to be effectively cleaned <input type="checkbox"/> Impervious <input type="checkbox"/> Laid so that there is no ponding of water <input type="checkbox"/> Unable to provide a harbourage for pests 	<ul style="list-style-type: none"> <input type="checkbox"/> Coving provided <input type="checkbox"/> Ceramic tiles <input type="checkbox"/> Concrete & epoxy layer <input type="checkbox"/> Commercial grade continuous vinyl <input type="checkbox"/> Treated concrete <input type="checkbox"/> Other documented flooring demonstrating compliance with performance criteria

Note: Floors for temporary food premises that are unlikely to pose any risk of contamination of food are exempt, provided the food business has obtained the approval in writing of the Local Council.

What type of material are the floors to be made out of? Include details of colour and design. (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Ceilings

Relevant Standard FSS 3.2.3, Division 3, Clause 11

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Impervious panelling - no drop-in, removable panels permitted <input type="checkbox"/> Appropriate for activities to be carried out <input type="checkbox"/> Provided to protect food from contamination <input type="checkbox"/> Sealed to prevent entry of dirt, dust and pests <input type="checkbox"/> Impervious <input type="checkbox"/> Easily & effectively cleaned <input type="checkbox"/> Unable to provide harbourage for pests 	<ul style="list-style-type: none"> <input type="checkbox"/> Suspended ceiling <input type="checkbox"/> Gloss painted FC Sheeting <input type="checkbox"/> Impervious panelling <input type="checkbox"/> Smooth finish provided

What type of material are the ceilings to be made out of? Include details of colour and design. (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Lighting

Relevant Standard FSS 3.2.3, Division 2, Clause 8

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Provides sufficient light <input type="checkbox"/> Easily and effectively cleaned <input type="checkbox"/> Unable to provide harbourage for pests <input type="checkbox"/> Provided to protect food from contamination 	<ul style="list-style-type: none"> <input type="checkbox"/> Natural light <input type="checkbox"/> Artificial – recessed & diffuser <input type="checkbox"/> Artificial – Ceiling mounted & diffuser

What type of lighting will be provided? (include wattage and type of mounting). (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Ventilation

Relevant Standard FSS 3.2.3, Division 2, Clause 7

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Sufficient <input type="checkbox"/> Effectively remove fumes, smoke, steam and vapours <input type="checkbox"/> Easily and effectively cleaned 	<ul style="list-style-type: none"> <input type="checkbox"/> Natural ventilation – for cooking equipment less than 8kW <input type="checkbox"/> Mechanical Ventilation in compliance with AS1668 <input type="checkbox"/> Mechanical Ventilation – alternative design with documentation demonstrating compliance with Performance Criteria

What ventilation is to be installed in the food business? (Detail any air conditioning and exhaust systems). (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Fixtures, Fittings and Equipment

Relevant Standard FSS 3.2.3, Division 4, Clause 12

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Adequate for the production of safe food <input type="checkbox"/> Fit for the intended use <input type="checkbox"/> Designed, constructed and installed so that:- <ul style="list-style-type: none"> <input type="checkbox"/> there is no likelihood that they will cause food contamination <input type="checkbox"/> they are able to be easily and effectively cleaned <input type="checkbox"/> adjacent floors, walls, ceilings and other surfaces are able to be easily and effectively cleaned <input type="checkbox"/> they do not provide a harbourage for pests 	<ul style="list-style-type: none"> <input type="checkbox"/> Fittings, fixtures, shelving & equipment:- <ul style="list-style-type: none"> <input type="checkbox"/> easily moved <input type="checkbox"/> castors fitted & flexible connections <input type="checkbox"/> 150mm legs & clear of walls <input type="checkbox"/> sealed to plinth & surfaces <input type="checkbox"/> sealed to floor &/or adjacent surfaces <input type="checkbox"/> 75mm above bench & clear of the wall <input type="checkbox"/> No false backs or bottoms

What type of materials are to be used for the benches and shelving? How is equipment, benches and shelving to be installed in relation to the walls, floors and adjacent surfaces? (Please ensure this information is also indicated on the sectional elevation plans including distances e.g. from walls, floor and adjacent surfaces).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Water supply

Relevant Standard FSS 3.2.3 Division 2, Clause 4

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Adequate quantity <input type="checkbox"/> Potable water <input type="checkbox"/> Appropriate Temperature 	<ul style="list-style-type: none"> <input type="checkbox"/> Hot Water System in adequate capacity for the activities on the premises <input type="checkbox"/> Council water supply <input type="checkbox"/> Tank water (Lab certification stating compliance with NHMRC guidelines)

What is the source of water to be used at the food premises. (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
e.g. Town Water	Initial Assessment <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	Final Assessment <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Sewerage and waste water

Relevant Standard FSS 3.2.3, Division 2, Clause 5

Performance Criteria	Acceptable Solutions
Must have a sewerage and waste water disposal system that:- <ul style="list-style-type: none"> <input type="checkbox"/> Effectively disposes of all sewage and waste water <input type="checkbox"/> Constructed and located so that there is no likelihood of the sewage and waste water polluting the water supply of contaminating the food 	<ul style="list-style-type: none"> <input type="checkbox"/> Council sewerage system <input type="checkbox"/> Trade waste agreement <input type="checkbox"/> Septic system and absorption trenches - in unsewered areas. <input type="checkbox"/> Aerated Septic system (ie Biocycle) – in unsewered areas.

What type of sewerage and waste water connection is planned? (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
ie. Connected to Town Sewer	Initial Assessment <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	Final Assessment <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Garbage and waste storage

Relevant Standard FSS 3.2.3, Division 2, Clause 6

Performance Criteria	Acceptable Solutions
Must have facilities that:- <ul style="list-style-type: none"> <input type="checkbox"/> Adequately contain the quantity and type of waste and recyclable matter <input type="checkbox"/> Enclose the garbage or recyclable matter, if necessary to keep pests and animals away <input type="checkbox"/> Designed and constructed to be easily and effectively cleaned 	<ul style="list-style-type: none"> <input type="checkbox"/> Wheeled refuse container <input type="checkbox"/> Commercial (bulk) refuse container <input type="checkbox"/> Approved storage area <input type="checkbox"/> Serviced by an approved contractor <input type="checkbox"/> Lidded containers within the premises <input type="checkbox"/> Plastic or similar material

What type of waste bins will be used and where will they be stored? (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
e.g. Bulk / Wheelie Bin <u>Kitchen Disposal Facilities</u>	Initial Assessment	Final Assessment
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Washing facilities for food preparation, food equipment and floors

Relevant Standard FSS 3.2.3, Division 4, Clause 12

Performance Criteria	Acceptable Solutions
<input type="checkbox"/> Cooking equipment, eating & drinking utensils must be able to be easily & effectively cleaned & sanitised	<ul style="list-style-type: none"> <input type="checkbox"/> Double bowl sink, or <input type="checkbox"/> Single bowl sink & dishwasher <input type="checkbox"/> Glass washer provided

What type of sink and/or glass/dishwashing facilities are to be provided? (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Hand washing facilities

Relevant Standard FSS 3.2.3, Division 4, Clause 14

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Located in an easily accessible location for all food handlers <ul style="list-style-type: none"> <input type="checkbox"/> within area where food handlers work if their hands are likely to be a source of contamination of food; and <input type="checkbox"/> if there are toilets on the food premises – immediately adjacent to the toilets or toilet cubicles <input type="checkbox"/> Permanent fixture <input type="checkbox"/> Connected to or provided with a supply of warm running potable water (between 22°C and 48°C) <input type="checkbox"/> Warm & cold water delivered through a common spout. <input type="checkbox"/> A size that allows easy and effective hand washing <input type="checkbox"/> Clearly designated for the sole purpose of washing hands, arms & face <input type="checkbox"/> Supply of soap maintained at basin <input type="checkbox"/> Single use paper towel provided at basin <input type="checkbox"/> Waste container provided at basin for collection of used towel <input type="checkbox"/> Must be connected to the sewerage or waste water disposal system 	<ul style="list-style-type: none"> <input type="checkbox"/> 11L Basin provided in the area where the food handlers are working <input type="checkbox"/> 11L Basin provided adjacent to toilet facilities <input type="checkbox"/> Soap & paper towel provided to each basin <input type="checkbox"/> Waste container provided to each basin <input type="checkbox"/> Packaged food only – basin not required <input type="checkbox"/> Connected to sewer or septic tank or aerated septic tank system.

How many hand washing facilities will be provided and what type? (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Toilet facilities

Relevant Standard FSS 3.2.3, Division 4, Clause 16

Performance Criteria	Acceptable Solutions
<input type="checkbox"/> Appropriate number of toilets are available for the use of food handlers (see BCA)	<input type="checkbox"/> Internal staff toilet <ul style="list-style-type: none"> <input type="checkbox"/> double air lock & self closers <input type="checkbox"/> single door & mechanical ventilation & self closer <input type="checkbox"/> External staff toilet <input type="checkbox"/> External common toilet

What toilet facilities will be available for food handlers and where are they located? (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Storage facilities

Relevant Standard FSS 3.2.3, Division 4, Clause 15

Performance Criteria	Acceptable Solutions
<input type="checkbox"/> Adequate storage facilities for the storage of items that are likely to be source of contamination of food, including chemicals, clothing and personal belongings <input type="checkbox"/> Located where there is no likelihood of stored items contaminating food or food contact surfaces	<input type="checkbox"/> Separated staff room <input type="checkbox"/> Clearly designated shelf/cupboard – staff items <input type="checkbox"/> Separated chemical/cleaning items storage room <input type="checkbox"/> Clearly designated shelf/cupboard – chemical/cleaning items storage <input type="checkbox"/> Locker

What type of storage will be provided for the storage of chemicals/cleaning items, staff belongings? Please ensure this information is also indicated on the floor plans.	OFFICE USE	
	Initial Assessment	Final Assessment
	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Food storage / display

Relevant Standard FSS 3.2.2, Division 3, Clause 6 and 8

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Protected from the likelihood of contamination <input type="checkbox"/> Store/display potentially hazardous food under temperature control <input type="checkbox"/> Capable of being easily and effectively cleaned 	<ul style="list-style-type: none"> <input type="checkbox"/> Protective sneeze barrier provided to an approved design <input type="checkbox"/> Hot display unit <input type="checkbox"/> minimum of 60°C <input type="checkbox"/> Another temperature – with no adverse affect demonstrated <input type="checkbox"/> Cold display unit/ Cold room <input type="checkbox"/> maximum 5°C <input type="checkbox"/> Another temperature – with no adverse affect demonstrated <input type="checkbox"/> Freezer units – food remains frozen

How will food be displayed and stored? Please provide details of the type and specifications of each unit to be provided in the food business. (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

General provisions

Relevant Standard FSS 3.2.3, Division 3, Clause 3

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Be appropriate for activities to be performed <input type="checkbox"/> Adequate space <input type="checkbox"/> Permit effective cleaning and sanitising <input type="checkbox"/> Exclude dirt, dust, fumes, smoke and other contaminants <input type="checkbox"/> Not permit the entry of pests <input type="checkbox"/> Not provide vermin harbourage 	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate location in relation to other activities <input type="checkbox"/> Adequate floor space <input type="checkbox"/> No cracks or crevices <input type="checkbox"/> Vermin proof construction <input type="checkbox"/> Vermin proof strip to external doors <input type="checkbox"/> Insect screening to windows or similar <input type="checkbox"/> Insect screening to doors or similar <input type="checkbox"/> Ceiling entries vermin proof <input type="checkbox"/> Conduits vermin proof

Please provide details of the above requirements. (Please ensure this information is also indicated on the floor plans).	OFFICE USE	
	Initial Assessment	Final Assessment
	<ul style="list-style-type: none"> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:	<ul style="list-style-type: none"> <input type="checkbox"/> As per plans <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable Notes:

Food Transport Vehicles

Relevant Standard FSS 3.2.3, Division 4, Clause 17

Performance Criteria	Acceptable Solutions
<ul style="list-style-type: none"> <input type="checkbox"/> Must be designed and constructed to protect food if there is a likelihood of contamination during transport <input type="checkbox"/> Easily and effectively cleaned <input type="checkbox"/> Food contact surfaces to be designed and constructed to be easily & effectively cleaned and sanitised. 	<ul style="list-style-type: none"> <input type="checkbox"/> Smooth impervious surfaces to the compartment

Temperature measurement

Relevant Standard FSS 3.2.2, Division 6, Clause 22

Performance Criteria	Acceptable Solutions
<p>Must have a temperature measuring device that can accurately measure the temperature of potentially hazardous food to +/- 1°C; and</p> <p>The device must be easily accessible.</p>	<ul style="list-style-type: none"> • <i>Thermostat and gauge provided to all refrigeration or heating equipment;</i> • <i>Single portable device eg. Probe thermometer.</i>

Note: If you handle potentially hazardous foods you must have a mobile thermometer as described above.

Please provide details and specifications of the type of temperature measuring devices to be used.	OFFICE USE	
	Initial Assessment	Final Assessment
<p>Easily accessible</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Probe thermometer accurate to +/- 1°C</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Thermostat and gauge accurate to +/- 1°C</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Acceptable</p> <p><input type="checkbox"/> Not acceptable</p> <p>Notes:</p>	<p><input type="checkbox"/> As per plans</p> <p><input type="checkbox"/> Acceptable</p> <p><input type="checkbox"/> Not acceptable</p> <p>Notes:</p>

CHECKLIST

Include this checklist with your completed application.

Check that you have the following prior to returning your application to Council.

Please tick:

- Building approval
- Plumbing and drainage approval
- Development approval
- Trade waste approval
- Applicable Fee Paid with Application – Refer to Tablelands Regional Council Schedule of Fees and Charges

Check that you have completed all sections of this form.

- Application Form "Application for Approval of Design and Fit Out of Food Business".

If you are a wholesaler, supplier, manufacturer or importer, check that you have included your

- Documented Food Recall System

Signature: _____

Date: _____

OFFICE USE ONLY				
Licence No:	Receipt No:	Amount Paid:	Date:	Cashier Initial:

Privacy Notice: Tablelands Regional Council is collecting applicant's details in accordance of the Food Act 2006 (QLD) in order to assess your application. This information will only be accessed by Council employees and other persons authorised under the Food Act. Some of this information may be given to Queensland Health for the purpose of maintaining the register of mobile food licences. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.