

Amendment application

Food business licence / Food safety program / Higher risk personal appearance services licence

Council of the City of Gold Coast
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Food Act 2006

Public Health (Infection Control for Personal Appearance Services) Act 2003

Licensee details			
Only the licensee may apply to amend the licence. Provide details below.			
Licensee name(s)			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Business name details			
Provide details of your business name (trading name). Include address /contact details if different to licensee.			
Business name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

Contact person details			
Provide details if contact person for approval is different from the licensee.			
Contact name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Administrative amendments			
Provide the approval type and approval reference (licence number), and details of administrative amendments to your approval below. You need only complete those details that require amendment. Administrative amendments may include contact details, business name (trading name), nominating a new contact person or updating a vehicle registration number. Fees do not apply for administrative amendments.			
Approval type to be amended			
<input type="checkbox"/> Food business (fixed) <input type="checkbox"/> Food business (mobile) <input type="checkbox"/> Food business (temporary) <input type="checkbox"/> Food safety program		<input type="checkbox"/> Higher risk personal appearance service (mobile) <input type="checkbox"/> Higher risk personal appearance service (temp) <input type="checkbox"/> Higher risk personal appearance service (fixed)	
Approval reference (licence number)			
Amend approval holder contact details	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Details to be amended	<input type="checkbox"/> Postal address <input type="checkbox"/> Mobile phone number	<input type="checkbox"/> Business phone number <input type="checkbox"/> Email address	
Provide new approval holder contact details			
Amend business name or business contact details	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Details to be amended	<input type="checkbox"/> Business name <input type="checkbox"/> Postal address <input type="checkbox"/> Mobile phone number	<input type="checkbox"/> Business phone number <input type="checkbox"/> Email address	
Provide new business details			
Amend contact person or contact details	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Details to be amended	<input type="checkbox"/> Amend contact details for contact person	<input type="checkbox"/> Change contact person and contact person details	<input type="checkbox"/> Add additional contact person and contact person details
Provide new contact person details			
Amend vehicle details	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Details to be amended	<input type="checkbox"/> Make or model of vehicle	<input type="checkbox"/> Vehicle registration number	
Provide new vehicle details			

Operational amendments	
Provide details of operational amendments to your approval below. You need only complete those details that require amendment. Operational amendments may include the operation or services provided by the business, conditions of approval, structural changes or amendments to an approved program.	
Amend operational details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amend the operation or services provided by the business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detail amended operation/services	
Amend, add or remove fixtures, fittings or equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide overview of change	
Detail equipment to be removed	
Detail equipment to be added	
Amend an approved food safety program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detail program changes	
Amend a condition of approval	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detail condition number	
Detail requested change	
Detail any other amendments	

Supporting information

Supporting information may be required to be submitted with this application, as indicated below and throughout this form. Failure to provide the required information may delay the processing of your application. Indicate below the supporting information you have attached to this application

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Amended plans |
| <input type="checkbox"/> | Amended equipment specifications |
| <input type="checkbox"/> | Amended program - please include a cover sheet summarising the amendments |
| <input type="checkbox"/> | Evidence of nil fee eligibility |

Fees

Fees are not required for administrative amendments only. Fees for operational amendments vary depending on the type of application being amended and/or whether you (the applicant) meet eligibility conditions.

Eligibility conditions:

You (the applicant) can demonstrate that you own, rent or lease a rateable property within the City of Gold Coast or are a registered charity, voluntary sporting, community, religious or incorporated not for profit organisation.

If claiming eligibility, you must attach evidence with this application. Evidence may include a signed lease agreement, details of property ownership, ASIC documentation detailing 'Principal place of business', two bills (within last six months) detailing residential address or registration with the Australian Charities and Not-for-Profits Commission (ACNC).

Please select the type of approval you are applying to amend. Where there are two options for the type of approval you are applying to amend, please determine whether you meet one of the eligibility conditions and select one box only.

Amendment type	Fee
<input type="checkbox"/> Administrative amendments only	nil
<input type="checkbox"/> Food business / food safety program / higher risk personal appearance services - eligible for nil fee	nil
<input type="checkbox"/> Food business - not eligible for nil fee	\$310.00
<input type="checkbox"/> Food safety program - not eligible for nil fee	\$310.00
<input type="checkbox"/> Higher risk personal appearance services - not eligible for nil fee	\$310.00

These fees are in accordance with the City of Gold Coast's (City) regulatory fees and non-regulatory charges. A copy of our regulatory fees and non-regulatory charges can be found on our website, cityofgoldcoast.com.au/fees.

Payment options (no cash transactions are available)

- MasterCard, Visa, debit card or cheque at any of the City's branch offices. Our branch office locations and operating hours can be found on our website cityofgoldcoast.com.au/contactus
- Cheque or money order – make payable to: Gold Coast City Council. Postal address at top right of first page. Please ensure that you provide adequate reference details or attachments to allow the cheque to be appropriately receipted.

Note: Please be advised that payments by credit card will incur a surcharge.

Declaration

This section must be completed by, or for each applicant. Where a person is signing on behalf of a corporation or person (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- I am duly authorised to make this application
- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorisations
- It is an offence to knowingly provide false or misleading information
- Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

Applicant one (person or organisation)

Licensee name			
Signature		Signatory name	
Date		Position/role	
Additional applicant (if required)			
Licensee name			
Signature		Signatory name	
Date		Position/role	

Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the *Information Privacy Act (Qld) 2009* and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to cityofgoldcoast.com.au/privacy.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only

Date received		Fee paid	
Received by		Receipt number	