






APPLICATION FOR A LICENCE FOR FOOD PREPARATION & SERVICE TO VULNERABLE POPULATIONS
Food Regulation 2004

 Licensing Unit Office Hours: 8.30 - 5.00 (Monday - Friday) Phone: (02) 6552 3000 or 1300 552 406 Fax: (02) 6552 7239
 NSW Food Authority, PO Box 232 TAREE NSW 2430

- Use the guide to help you complete this application where you see this symbol 
- Print clearly in BLOCK letters

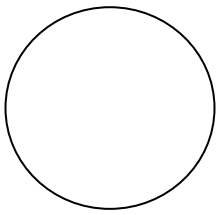
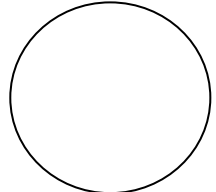
SECTION A - BUSINESS DETAILS OF APPLICANT

	 See guide page 6	
Business Structure (please tick appropriate box)	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Area Health Service <input type="checkbox"/> Association <input type="checkbox"/> Other - Give details.....	
Full Name(s) of all applicant(s) <ul style="list-style-type: none"> • Sole Trader • Partners • If a Company, please provide name(s) of all Director(s) • If a Trust, please provide name(s) of nominated person(s) to receive correspondence • Association, please provide copy of Certificate of Incorporation 	Family Name (Mr Mrs Miss Ms)	Given Name(s)
Name of Registered Company (if applicable)  If a Company, please provide a copy of full ASIC Company Registration Certificate & ABN Certificate		ABN
		ACN
Trust Name (if applicable)  If a Trust, please provide a copy of full ASIC Company Registration Certificate & ABN Certificate		
Trading Name (if applicable)  If operating under a trading name, please provide copy of Department of Fair Trading Certificate of Registration of Business Name		

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SECTION A - BUSINESS DETAILS OF APPLICANT (Continued)

Postal Address of Applicant(s) for correspondence (i.e. invoices and notices) in respect of the facility being licensed. NB: Please complete even if address is the same as for the facility being licensed in Section C.		Business Contact Details: Telephone No: () Facsimile No: () Mobile No:
Email address: Do you want to receive the NSW Food Authority's 'Foodwise' newsletter?	<input type="checkbox"/> YES – by email to the above address. <input type="checkbox"/> YES – by mail to the postal address indicated above. <input type="checkbox"/> NO – I do not wish to receive the 'Foodwise' newsletter.	
Authorised Contact Name		Authorised Contact's Phone Numbers: Telephone No: ()
Position		Facsimile No: () Mobile No:
Do you have an existing Food Authority licence? If so, please give details.	Licence No: Customer No:	
SIGNATURE(S) OF ALL APPLICANT(S) <ul style="list-style-type: none"> <i>All applicants must sign individually</i> <i>If a company, show capacity of person signing</i> 	I/We hereby certify that all information provided on this form is true and correct. Date of Application: ____/____/____  Company Seal (if applicable)	
CONSENT OF PRESENT LICENCEE(S) (If applicable) <ul style="list-style-type: none"> <i>All licensee(s) must sign individually</i> <i>If a company, show capacity of person signing</i> 	I/We, the current licensee(s) will/will not continue to conduct a business supplying vulnerable populations and agree/do not agree to the cancellation of the Licence. My/Our licence number is _____. Date: ____/____/____  Company Seal (if applicable)	

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SECTION B - FACILITY DETAILS:

◇ See guide page 6

1. How many facilities does the business listed in Section A own or operate that are subject to Standard 3.3.1?

If there is more than 1 facility, you must fill out sections B-G (where required) for each corresponding facility by photocopying and attaching these sections to the licence application form.

◇ See guide page 6

2. Facility Details

Name of facility where processing and/or serving of food is being conducted (if applicable)			
Address of facility where processing and/or serving of food is being conducted			
	SUBURB:	STATE:	P/CODE:
Facility Phone Number			
Facility Facsimile Number			
Contact Person			
Position			
Contact Person Phone Number			
Contact Person Facsimile Number			
Contact Person Mobile Number			
Email address			

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◇ See guide page 7

3. Which activity do you conduct at this facility?*Please tick relevant box***a) ACTIVITY 1**Process or serve potentially hazardous food within a facility listed and defined in the Schedule to six or more vulnerable persons at any given time > Go to question 5**b) ACTIVITY 2**The principal activity is processing food into ready to eat food for service in a facility listed and defined in the Schedule and the processed food -

- (i) is for service to six or more vulnerable persons at any given time; and
- (ii) includes ready to eat potentially hazardous food

 > Go to question 4**c) ACTIVITY 3**The principal activity is processing food into ready to eat food for delivery by a delivered meal organisation and the processed food -

- (i) is for service to six or more vulnerable persons at any given time; and
- (ii) includes ready to eat potentially hazardous food

 > Go to question 4**d) ACTIVITY 4**The business is a delivered meal organisation that processes food for service to clients and the processed food -

- (i) is for service to six or more vulnerable persons at any given time; and
- (ii) includes ready to eat potentially hazardous food

 > Go to question 4

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◇ See guide page 8

4. If you are conducting Activity 2, 3 or 4, how many full-time equivalent (FTE) staff are involved in processing the food within the facility identified in Section B, Question 2?*Please tick relevant box*

- a) 0-3 FTE food handlers
- b) 4-10 FTE food handlers
- c) 11-30 FTE food handlers
- d) 31-49 FTE food handlers
- e) 50+ FTE food handlers

Note: FTE staff only applies to paid staff

**YOU ARE NOW COMPLETE, PLEASE PROCEED TO
SECTION G - PAYMENT DETAILS
ONLY CONTINUE IF YOU CONDUCT ACTIVITY 1**

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◇ See guide pages 8-9

5. If you are conducting Activity 1, what type of facility are you processing and/or serving food in?*Please tick relevant box*

- a) Acute care hospital
- b) Psychiatric hospital
- c) Hospice
- d) Nursing home for the aged
- e) Same day care establishments for chemotherapy and renal dialysis
- f) Respite care establishments for the aged
- g) Same day aged care establishment
- h) Low care aged care establishment
- i) Multi purpose service

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◇ See guide page 10

6. Which best describes your use of a contractor?**Note:** A contractor means a business who is contracted to perform work (eg food processing/ serving) within a facility identified within Standard 3.3.1. It does not mean an external provider (such as a CPU) that a facility receives meals from.*Please tick relevant box*

- a) I conduct all food processing and/or service and we do not use a contractor for any part of our food service
 > **Go to question 7**
- b) I use a contractor for all/ or part of our food service
 > **Go to question 8**
- c) I am a contractor conducting Activity 1
 > **Go to question 11**

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◇ See guide page 10

7. How many full-time equivalent (FTE) staff are involved in processing and/or serving potentially hazardous food at the facility identified in Section B, Question 2?*Please tick relevant box*

- a) 0-3 FTE food handlers
- b) 4-10 FTE food handlers
- c) 11-30 FTE food handlers
- d) 31-49 FTE food handlers
- e) 50+ FTE food handlers

*Note: FTE staff only applies to paid staff***YOU ARE NOW COMPLETE, PLEASE PROCEED TO
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SECTION E - CONTRACTOR'S DETAILS

◇ See guide page 11

8. What are your contractor's details?

Contractor's Business Name	
Contact Person	
Position	
NSW Food Authority Licence Number (if known)	
Phone Number	
Facsimile Number	
Mobile Number	
Email Address	

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◇ See guide page 11

10. How many full time (FTE) staff are employed by you to conduct your activity within the facility?

Please tick relevant box

- a) 0-3 FTE food handlers
- b) 4-10 FTE food handlers
- c) 11-30 FTE food handlers
- d) 31-49 FTE food handlers
- e) 50+ FTE food handlers

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◇ See guide page 11

12. How many full-time equivalent (FTE) staff are employed by you to conduct this activity within the facility?*Please tick relevant box*

- a) 0-3 FTE food handlers
- b) 4-10 FTE food handlers
- c) 11-30 FTE food handlers
- d) 31-49 FTE food handlers
- e) 50+ FTE food handlers

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◇ See guide page 12

SECTION G - PAYMENT DETAILS

NB: For a definition on how to determine the Full Time Equivalent (FTE) food handlers please refer to Section C – Activity Details: Question 4 on the Application Guide.

FEE SCHEDULE				
No. Full Time Equivalent (FTE) food handlers	Licence Fee		Number of Facilities to be licensed	Total Licence Fee Payable
0 Facilities that do not process or serve	NIL	x		NIL
0-3	\$244.00	x		
4-10	\$313.00	x		
11-30	\$578.00	x		
31-49	\$839.00	x		
50+	\$1,102.00	x		
Plus Application Fee				\$50.00
TOTAL PAYABLE				

Please Note:

1. In addition to the licence fee, there is a one off \$50.00 licence application fee. This fee covers the cost of processing the licence.
2. If there is more than one facility that needs to be licensed you must add the licence fee for all facilities together to settle the fee. One licence will be issued to the business indicated in Section A with licence extracts issued for the corresponding facilities. Licence extracts should be forwarded to each facility and displayed in an appropriate manner.
3. If the facility being licensed does not perform any processing or service of food to Vulnerable Populations, then the licence fee will be waived and only the application fee \$50.00 is payable.
4. If adding an additional facility to an existing licence please forward payment for the \$50 Application fee and a pro-rata invoice for the licence fee will be forwarded to you for payment.

For payment methods see over page.

OFFICE USE ONLY:	
LICENCE FEE PAYABLE: Please refer to Fee Schedule on page 4	
The fee of \$ _____ was received on: Date: ___/___/___ Receipt No:	Licence Number: Licence Issued: Tax Invoice No. Raised:

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Please mail money order or cheque (crossed 'Not negotiable' and made out to NSW Food Authority) along with completed application form to PO Box 6682, Silverwater NSW 1811

B. PAYMENT BY BPAY®, INTERNET BANKING OR TELEPHONE

If you wish to make payment by any of the above methods, please submit your completed application form without payment to the Licensing Unit by:

- Fax to (02) 6552 7239;
- Post to PO Box 232, Taree NSW 2430; or
- Email to licensing@foodauthority.nsw.gov.au

An invoice will then be forwarded to you for payment.

- Please note, we do not have a facility for American Express

CHECKLIST

To avoid any delays in the processing of your application, please ensure all relevant documentation is submitted with this application form.

- Application form completed and signed
- Company registration certificate attached (where applicable)
- Certificate of registration of business name attached (where applicable)
- Certificate of incorporation attached (where applicable)
- ABN certificate (where applicable)
- Payment attached