

TAX INVOICE

APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST

Food Regulation 2015

Licensing unit office hours: 9.30am – 4.30pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 NSW Food Authority **ABN 47 080 404 416** PO Box 232 TAREE NSW 2430

Certain food businesses are required to hold a NSW Food Authority licence to operate. Businesses that operate without the appropriate licence from the NSW Food Authority are committing an offence under the *Food Act 2003* and may be prosecuted.

Did you know ... if you are applying to licence a business and do not hold a current NSW Food Authority licence, you can now lodge your application online by going to the online application form link at <u>www.foodauthority.nsw.gov.au</u> (Please note: conditions apply for use of online applications).

Seafood businesses that need to be licensed

Under the Food Regulation 2015, food businesses must have a NSW Food Authority licence if they produce, store or process Shellfish as defined under Clause 129 of the Seafood Safety Scheme (Part 11 of the Regulation) and defined as a "seafood business" under Clause 134 and perform the following activities:

- the culture, harvesting or collecting of shellfish;
- the depuration of shellfish;
- the cultivating of spat.

Licensing under this Regulation is used to ensure that a business has the capacity to produce safe food before the food is supplied to the market. A licence is not transferable from one person or business to another.

What do I need to comply with?

Any businesses that hold a licence must comply with the following:

- Food Regulation 2015 (NSW)
- Food Act 2003 (NSW)
- Food Standards Code
- Development and implementation of an adequate food safety program under the Food Regulation 2015 based on Standard 3.2.1 of the Food Standards Code or Codex HACCP. The program must accurately outline the hazards associated with the food business' operations. Assistance material is available from the NSW Food Authority's web site at www.foodauthority.nsw.gov.au
- NSW Shellfish Industry Manual published by NSW Food Authority
- Where a Food Safety Program (FSP) is required for businesses under the legislation, failure to have a FSP available for review at the compliance inspection may result in the non issue of a licence to operate.

What do I need to do next?

- Complete the licence application form and return it with payment to: NSW Food Authority, PO Box 232, Taree NSW 2430.
- You must not commence operations until the above steps have been completed and you are informed that your licence application has been processed. If the premise is found to be operating without a licence, enforcement action will be taken.
- Prior to the approval of a licence, a licensing assessment will be carried out to ensure compliance with the Food Standards Code and Food Regulation 2015. If the result of the assessment is unacceptable, the licence may not be approved and the licence application may be rejected. It is highly recommended the applicant refer to the Authority's website for information relating to the assessment process and industry sector requirements.

Processing times

The Authority will review your application **within 10 working days** of receiving your licence application and you will be notified if any further information is required. If your application is complete the Authority will write to you to let you know your licence application has been processed and provide you with a time frame for completion of the licensing assessment that is required.

IMPORTANT NOTES

- If you have more than one premises, copy page 6 and complete for each premises. If the application forms are submitted at the same time only one application fee will be required.
- Please ensure that each page of the application is completed (where applicable) and checked before it is returned as failure to provide all information or signature(s) will delay processing and issuing of the licence.
- For more further information or assistance please contact the NSW Food Authority's Licensing Unit on 02 6552 3000 or go to the NSW Food Authority website at <u>http://www.foodauthority.nsw.gov.au/industry/food-standards-and-requirements/licensing</u>

APPLICANT DETAILS

- Complete Section A(i) for sole trader/ partnership details
- Complete Section A(ii) for company/ trust/ association details

| SECTION A (i): SOLE TRADER/ PARTNERSHIP BUSINESS STRUCTURE (please tick appropriate box) Sole Trader Partnership | | | | | | | | | | | | |
|--|--|----------|-----------|----------|-----------|----------|-------|---------------|--------|---------|---------------|------|
| LAST NAME | | | | | | | | FIRST NAME | | | | |
| LAST NAME | | | | | | | | FIRST NAME | | | | |
| LAST NAME | | | | | | | | FIRST NAME | | | | |
| LAST NAME | | | | | | | | FIRST NAME | | | | |
| copy of Business | TRADING NAME (if applicable): If operating under a trading name, please provide copy of Business Name Certificate issued either by Fair Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5/2012) | | | | | | | | | | | |
| ABN | | | | | | | | | | | | |
| POSTAL ADDRE | SS | | | | | | | | | | | |
| SUBURB/ TOW | N | | | | | | | STATE | | | POSTCODE | |
| PHONE | (| () | | | | | | FAX | (|) | | |
| MOBILE | | | | | | | | EMAIL | | | | |
| AUTHORISED O | CONTAC | CT DET | AILS (i | f diffe | erent to | informa | tion | provided abov | e eg N | lanagei | r, QA, Admin, | etc) |
| Mr | Mrs | 1 | Miss | | Ms | Dr | | Professor | | Other | | |
| NAME | | | - | | | | | - | - | | | |
| POSITION | | | | | | | | | | | | |
| PHONE | | | | | | | | FAX | | | | |
| MOBILE | | | | | | | | EMAIL | | | | |
| DO YOU HAVE | DO YOU HAVE AN EXISTING NSW FOOD AUTHORITY LICENCE? | | | | | | | | | | | |
| NO | YES - | - please | e give de | etails (| (eg Licen | ce numbe | er or | customer no.) | | | | |

| SECTION A (II). COMPANY TROST/ ASSOCIATION BUS | SINESS STRUCTU | RE (please tick appropriate box) | | | | | | |
|---|---|---|--|--|--|--|--|--|
| Company Trust Association | Other | | | | | | | |
| COMPANY NAME (if applicable) If a company, please provide a copy of full ASIC Company Statement (showing names of public officers/ directors) | | | | | | | | |
| ACN | | | | | | | | |
| CONSENT TO CONDUCT COMPANY SEARCH ON BEHALF OF If it is not possible for supporting documents to be provided during Authority, to conduct a company search on their behalf. | - | ess, an applicant may give consent to the NSW Food | | | | | | |
| Failure to supply supporting documents may result in delays in proc | essing applications a | nd issuing of the licence. | | | | | | |
| I/We, the applicant/s conducting the food business for w representative to conduct a company search on our beha | | ng submitted, give consent for a NSW Food Authority | | | | | | |
| I/We agree to pay the fees applicable to this service, as p | per the fee schedule | enclosed in this application. | | | | | | |
| TRUST NAME (if applicable): If a trust, please provide name(s) nominated person(s) to receive correspondence | of | | | | | | | |
| ASSOCIATION NAME (if applicable): If an association, please a copy of the Certificate of Incorporation. | provide | | | | | | | |
| ABN | | | | | | | | |
| TRADING NAME (if applicable): If operating under a trading name, please provide copy of Business Name Certificate issued either by Fair Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5/2012) | | | | | | | | |
| | air 🖉 | | | | | | | |
| please provide copy of Business Name Certificate issued either by Fa | air 🖉 | | | | | | | |
| please provide copy of Business Name Certificate issued either by Fa Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5, | air 🖉 | POSTCODE | | | | | | |
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| please provide copy of Business Name Certificate issued either by Fa Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5, POSTAL ADDRESS SUBURB/ TOWN PHONE () | sir (2012) STATE FAX | | | | | | | |
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| please provide copy of Business Name Certificate issued either by Fa Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5, POSTAL ADDRESS SUBURB/ TOWN PHONE () MOBILE () MR Mrs Miss Ms Ms Dr | air (2012) STATE FAX EMAIL | () | | | | | | |
| please provide copy of Business Name Certificate issued either by Farading NSW (if before 28/5/2012) or ASIC (if registered after 28/5) POSTAL ADDRESS SUBURB/ TOWN PHONE () AUTHORISED CONTACT DETAILS Mr Mrs Miss Ms Dr NAME | air (2012) STATE FAX EMAIL | () | | | | | | |
| please provide copy of Business Name Certificate issued either by Farading NSW (if before 28/5/2012) or ASIC (if registered after 28/5) POSTAL ADDRESS SUBURB/ TOWN PHONE () AUTHORISED CONTACT DETAILS Mr Mrs Miss Ms Dr NAME POSITION Image: State | air (2012) STATE FAX EMAIL Professor | () | | | | | | |
| please provide copy of Business Name Certificate issued either by Farading NSW (if before 28/5/2012) or ASIC (if registered after 28/5) POSTAL ADDRESS SUBURB/ TOWN PHONE () MOBILE Mr Mrs Miss Ms Dr POSITION POSITIONE U U U U U POSITIONE U | air 2012) STATE FAX EMAIL Professor | () | | | | | | |

Is the business under this application being taken over from an existing licence holder?

NO – Please proceed to communication section below.

YES – If possible, please arrange for the previous owner to complete the 'Consent of Present Licensee' section below:

CONSENT OF PRESENT LICENSEE(S) (if applicable)

- I/we hereby certify that I am authorised to submit this form on behalf of this business.
- If a company, show capacity of person signing

I/We, the current licensee(s), will/will not continue to conduct a food business using the premises and agree/do not agree to the cancellation of the licence for the premises. My/Our licence number is ______

| SIGNATURE(S) | X | DATE | / /. |
|--------------|---|------|------|
| | | | |

BUSINESS ACTIVITY DETAILS

Is the business relocating from an existing site?

NO – Please proceed to business activity and location section below.

YES – Please confirm existing site address and then proceed to business activity details and location sections below:

LOCATION OF EXISTING SITE

BUSINESS PREMISES ACTIVITY INFORMATION

If licensing more than one premises, please photocopy this page, complete and return with other pages of application form

Please tick and specify what operations are carried out at this premises:

| Shellfish aquaculture? | Υ Farm oysters Υ Farm Blue mussels | | | | |
|--|--|--------|--|--|--|
| Depurate oysters? NB: Mandatory depuration training must be completed before a licence application can | Ϋ́ No ΥYes | and co | e specify DP number omplete specification sheet for DP on | | |
| be processed Open oysters? | next page ۲ Open oysters ۲ Bottle oysters ۲ Other | | | | |
| Wet store shellfish? | Υ Oysters | Υ Mu | ssels | | |
| Nominated commencement of trading date: | | | | | |
| Lease information: | | | | | |
| DPI Fisheries aquaculture permit number: Ple copy of your NSW Fisheries Aquaculture Permit with this app | | D | | | |
| Total hectares as listed on permit | | | | | |
| Please specify the estuary/ies where leases a | are held: | | | | |
| | | | | | |

BUSINESS ACTIVITY LOCATION DETAILS

Is the site address same as for postal address provided previously?

NO – Please complete location section below.

YES – Please proceed to fee schedule and payment section

Street address of building or premises:

SPECIFICATION SHEET FOR DP_____

| Number of tanks | |
|---|--|
| Type of tank (pool, tray or stacked box) | |
| Construction material | |
| Length of water area (mm) | |
| Width of water area (mm) | |
| Depth of water area (mm) | |
| Gross tank capacity (L) | |
| Water volume with oysters (including pipe work (L) ¹ | |
| Pump make and model | |
| Pump capacity litre/hour (calculated) | |
| Filter present | |
| Type (cartridge, sand etc) | |
| Make and model | |
| Disinfection unit make and model | |
| No. of disinfection units | |
| Lamp type | |
| Lamp life (batches) | |
| Total disinfection unit capacity (L/h) | |
| Heating present | |
| Cooling present | |
| Storage tank Y No Y Yes If yes, capacity | |
| Basket capacity per layer | |
| No. of layers | |
| Basket type used | |
| Bag capacity ² | |
| Water source | |

Comments: Pumping capacity calculated with spray bar removed. Flow rate would be slightly less with the spray bar attached due to head loss of spray bar.

 $^{^{\}rm 1}$ Calculated by deducting 65L per bag from the gross water volume

 $^{^{2}}$ A nominal figure. A bag may contain from 1,000 to 1,600 oysters. 1 bag = 80 litres (gross)

If farming oysters, are you a spat only farmer (ie oysters are sold for on-growing to another oyster farmer licensed with the NSW Food Authority)?

DECLARATION – SPAT ONLY HARVESTING

I/We do solemnly and sincerely declare as follows:

I/We cultivate shellfish solely for the purpose of selling to other shellfish producers for on-growing for a period greater than 60 days. I/We do not harvest shellfish for either direct human consumption or for depuration and human consumption. I/we do not depurate shellfish for myself/ourselves or any other seafood businesses as defined in Food Regulation 2015. I/We will advise the NSW Food Authority should this situation change in the future.

I/We, the undersigned, certify that the information given in this form is correct at this date.

| Signature/s: | |
|------------------------|--|
| Name/s (please print): | |
| Position: | |
| Date: | |

PROCESSING INFORMATION

All shellfish licences will be processed in the following manner:

- 1. New shellfish application submitted with \$50.00 application fee, ASIC documents and AP listing (if applicable).
- 2. An invoice will be issued for annual licence fee and local levy fee/s upon determination of lease area and estuary/local program/s.
- 3. Upon receipt of payment of licence and local levy fees, application will be processed and relevant paperwork forwarded to applicant to allow commencement of operations.
- 4. Assessment audit or inspection will be carried out within 60 days.
- 5. An acceptable assessment will enable the licence to be issued, however an unacceptable assessment may result in rejection of the application.

Please note: Failure to pay the annual licence fees and local levy fees by the due date on the invoice may result in rejection of the application.

| APPLICATION FEE | \$50.00 | \$50.00 |
|--|---|---------|
| SHELLFISH CULTIVATION OR HARVEST | Invoices for annual licence fee and local levies will be forwarded upon receipt of licence application, for payment prior to application being processed. | ТВА |
| | SUBTOTAL (Application Fee + Licence Fee) | \$ |
| Additional chargeable items | Company search administration fee (\$50.00) | |
| | TOTAL FEE PAYABLE | \$ |

DECLARATION

| SIGNATURE(S) OF ALL APPLICANT(S) – Please sign below with name clearly printed underneath I/we hereby certify that all information provided on this form is true and correct. I/we hereby certify that I am authorised to submit this form on behalf of this business. | | | | | | | |
|--|--------------|------|---|---|--|--|--|
| SIGNATURE(S) | X | | | | | | |
| PRINT NAME(S) | | DATE | / | / | | | |
| POSITION WITHIN | ORGANISATION | | | | | | |

PAYMENT METHODS

A. PAYMENT BY CHEQUE OR MONEY ORDER

Please mail money order or cheque (crossed 'Not negotiable' and made out to NSW Food Authority) along with completed application form to PO Box 232, Taree NSW 2430

B. PAYMENT BY CREDIT CARD

A 0.4% merchant surcharge will occur on credit card transactions for MasterCard and Visa card

| Please debit my: | | MasterCard | Visa card |
|---|-----|-----------------------|---|
| Card number: | | | |
| Cardholder's name: | | | |
| CVV number: (the final three digits of t | the | number printed on the | e signature strip on the back of your card) |
| Expiry date: | | | |
| Payment amount: | | | |
| Cardholder's signature: | | | |

C. 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:

- Post to PO Box 232, Taree NSW 2430
- Email to <u>bfs.admin@dpi.nsw.gov.au</u>

An invoice will then be forwarded to you for payment.

Please note: We do not accept American Express.

CHECKLIST

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

- Υ Application form completed and signed
- Υ ASIC Company Statement showing the name/s of the Director/s attached (where applicable)
- Υ Certificate of Registration of business name attached (where applicable) issued either by Fair Trading NSW (if registered before 28/5/2012) or ASIC (if registered after 28/5/2012)
- Y Wild shellfish harvest endorsement/licence issued by NSW Fisheries (where applicable)
- □ Aquaculture permit issued by NSW Fisheries (where applicable)
- Invoices for annual licence fee and local levies will be issued upon receipt of application, for payment prior to the processing of the application

Please return all pages of your NSW Food Authority changes to seafood licence application to:

NSW Food Authority PO Box 232 TAREE NSW 2430