



**APPLICATION FOR A LICENCE FOR FOOD PREPARATION & SERVICE TO VULNERABLE POPULATIONS  
Food Regulation 2015**

Licensing unit office hours: 9.00am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239  
NSW Food Authority **ABN 47 080 404 416** PO Box 6682 SILVERWATER NSW 1811

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 [www.foodauthority.nsw.gov.au](http://www.foodauthority.nsw.gov.au) (Please note: conditions apply for use of online applications).

- Use the 'Guide to help businesses apply for a licence under the Vulnerable Populations Food Safety Scheme (Food Regulation 2015) for assistance to complete this application

**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

<b>FAMILY NAME</b>		<b>FIRST NAME</b>	
<b>FAMILY NAME</b>		<b>FIRST NAME</b>	
<b>FAMILY NAME</b>		<b>FIRST NAME</b>	
<b>FAMILY NAME</b>		<b>FIRST NAME</b>	
<b>TRADING NAME (if applicable):</b> 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)			
<b>ABN</b>			
<b>POSTAL ADDRESS</b>			
<b>SUBURB/ TOWN</b>		<b>STATE</b>	<b>POSTCODE</b>
<b>PHONE</b>	( )	<b>FAX</b>	( )
<b>MOBILE</b>		<b>EMAIL</b>	

**AUTHORISED CONTACT DETAILS (if different to information provided above eg Manager, QA, Admin, etc)**

<input type="checkbox"/>	<b>Mr</b>	<input type="checkbox"/>	<b>Mrs</b>	<input type="checkbox"/>	<b>Miss</b>	<input type="checkbox"/>	<b>Dr</b>	<input type="checkbox"/>	<b>Professor</b>	<input type="checkbox"/>	<b>Other</b>		
<b>NAME</b>													
<b>POSITION</b>													
<b>PHONE</b>									<b>FAX</b>				
<b>MOBILE</b>									<b>EMAIL</b>				

**DO YOU HAVE AN EXISTING NSW FOOD AUTHORITY LICENCE?**

<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<b>YES – please give details (eg Licence number or customer no.)</b>	
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**SECTION A (ii): COMPANY/ TRUST/ ASSOCIATION BUSINESS STRUCTURE (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 APPLICANT/S**

If it is not possible for supporting documents to be provided during the application process, an applicant may give consent to the NSW Food Authority, to conduct a company search on their behalf.

Failure to supply supporting documents may result in delays in processing applications and issuing of the licence.

 I/We, the applicant/s conducting the food business for which this form is being submitted, give consent for a NSW Food Authority representative to conduct a company search on our behalf.

 I/We agree to pay the fees applicable to this service, as per the fee schedule enclosed in this application.

**TRUST NAME (if applicable):** If a trust, please provide name(s) of nominated person(s) to receive correspondence

**ASSOCIATION NAME (if applicable):** If an association, please provide a copy of the Certificate of Incorporation.

**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)

**POSTAL ADDRESS**

**SUBURB/ TOWN**

**STATE**

**POSTCODE**

**PHONE**
 ( )
**FAX**
 ( )
**MOBILE**

**EMAIL**

**AUTHORISED CONTACT DETAILS**
 Mr
  Mrs
  Miss
  Dr
  Professor
  Other
 
**NAME**

**POSITION**

**PHONE**

**FAX**

**MOBILE**

**EMAIL**

**DO YOU HAVE AN EXISTING NSW FOOD AUTHORITY LICENCE?**
 NO
  YES – please give details (eg Licence number or customer no.)

## 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**

/ /

## COMMUNICATION

### Do you wish to receive the NSW Food Authority 'Foodwise' newsletter for licensees?

NO – I do not wish to receive the 'Foodwise' newsletter

YES – Please send to the email address indicated above

YES – Please send to the postal address indicated above

## 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**

**Nominated commencement of trading date**

### SECTION B – FACILITY DETAILS

◇ See guide page 10

**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 one 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 10

**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 owner name (if applying as Contractor to facility provide name of facility owner):**

**Facility phone number:**

**Facility fax number:**

**Contact person:**

**Position:**

**Contact person phone number:**

**Contact person fax number:**

**Contact person mobile number:**

**Email address:**

## SECTION C – ACTIVITY DETAILS

◇ See guide page 10–12

### 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 4

**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 7

**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 7

**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 7

**SECTION D – FACILITY TYPE**

◇ See guide pages 12-14

**4. 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

**SECTION E – CONTRACTUAL RELATIONSHIP**

◇ See guide page 14

**5. Which best describes your use of a contractor?**

**Note:** A contractor means a business that 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 serving 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**

- 1)  I contract all my processing and serving of food within the facility to a contractor
- 2)  I process the food; serving of food is conducted by my contractor within the facility
- 3)  I serve the food; processing of food is conducted by my contractor within the facility

> Go to question 6

**c) I am the contractor conducting activity 1 (contractor within an identified facility)**

- 1)  I am the contractor and I conduct all the processing and serving of food within the facility
- 2)  I am the contractor and I process the food; serving of food is conducted by the facility's staff within the facility
- 3)  I am the contractor and I serve the food; processing of food is conducted by the facility's staff within the facility

> Go to question 7

**d) Other – Please describe here**

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**SECTION F – CONTRACTOR'S DETAILS**

◇ See guide page 15

**6. What are the contractor's details?**

<b>Contractor's business name:</b>	
<b>Contact person:</b>	
<b>Position:</b>	
<b>NSW Food Authority licence number (if known):</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	
<b>Mobile number:</b>	
<b>Email address:</b>	



**SECTION G – FULL TIME EQUIVALENT (FTE) FOOD HANDLERS**

◇ See guide page 15

**7. How many full time equivalent (FTE) food handlers are involved in processing and/ or serving potentially hazardous 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)  31-50 FTE food handlers
- e)  51+ FTE food handlers

*Note: FTE staff only applies to paid staff*

**YOU ARE NOW FINISHED. PLEASE PROCEED TO SECTION H – PAYMENT DETAILS.**

## SECTION H – PAYMENT DETAILS

◇ See guide page 16

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. of full time equivalent (FTE) food handlers	Licence fee		No. of facilities to be licensed	Total licence fee payable
0 Facilities that do not process or serve	NIL	x		NIL
0-3	\$289.00	x		
4-10	\$372.00	x		
11-30	\$690.00	x		
31-50	\$1,003.00	x		
51+	\$1,319.00	x		
Additional chargeable items	No. of packs	Total cost		
Company search administration fee	N/A			\$50.00
<b>APPLICATION FEE</b>				\$50.00
<b>TOTAL FEE PAYABLE</b>				

### DECLARATION

<b>SIGNATURE(S) OF ALL APPLICANT(S) – Please sign below with name clearly printed underneath</b>			
<ul style="list-style-type: none"> <li>I/we hereby certify that all information provided on this form is true and correct.</li> <li>I/we hereby certify that I am authorised to submit this form on behalf of this business.</li> </ul>			
<b>SIGNATURE(S)</b>	X		
<b>PRINT NAME(S)</b>		<b>DATE</b>	/ /
<b>POSITION WITHIN ORGANISATION</b>			

#### Please note:

- 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.
- Also in addition to fees mentioned previously is the company search administration fee. This covers the cost of performing the company search for ASIC company documents (if applicable) in the case where an application has been submitted under a company name but no supporting documents have been supplied by the applicant.
- 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.
- 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.
- If adding an additional facility to an existing licence please forward payment for the \$50.00 Application fee and a pro-rata invoice for the licence fee will be forwarded to you for payment.
- 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.

## 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 6682, Silverwater NSW 1811

### 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 the number printed on the 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:

- Fax to 02 6552 7239
- Post to PO Box 232, Taree NSW 2430, or
- Email to [bfs.admin@dpi.nsw.gov.au](mailto:bfs.admin@dpi.nsw.gov.au)

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.

- Application form completed and signed
- ASIC Company Statement showing the name/s of the Director/s attached (where applicable)
- 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)
- Certificate of Incorporation attached (where applicable)
- Payment attached

**Please return all pages of your Food Authority licence application to:**

**NSW Food Authority  
PO Box 6682  
SILVERWATER NSW 1811**