

TAX INVOICE LIC005

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

Licensing & Accreditation Services Office Hours: 9.30am – 4.30pm Monday – Friday Phone: 1300 552 406 NSW Food Authority **ABN 47 080 404 416** PO Box 232 TAREE NSW 2430

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 (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) found at: https://www.foodauthority.nsw.gov.au/media/866 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

	To complete section A(ii) for company, trast, association actains										
SECTION A (i): SOLE TRADER/ PARTNERSHIP BUSINESS STRUCTURE (please tick appropriate box)											
	Sole Tra	der					Partner	ship			
LAST NAM	E						FIRST NAME				
LAST NAM	E						FIRST NAME				
LAST NAM	E						FIRST NAME				
LAST NAM	E						FIRST NAME				
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 AI	DDRESS										
SUBURB/	TOWN						STATE			POSTCODE	
PHONE		()				FAX	()		
MOBILE							EMAIL				
AUTHORIS	ED CONT	ACT DE	TAILS (if	differer	nt to inf	ormatio	n provided abov	e eg N	lanager,	, QA, Admin,	etc)
Mr	Mrs		Miss	М	s	Dr	Professor		Other		
NAME					_						
POSITION											
PHONE							FAX				
MOBILE							EMAIL				
DO YOU H	AVE AN E	XISTIN	G NSW F	OOD AU	THORIT	Y LICEN	CE?				
NO	VE	S _ nlo	ece dive d	etaile (ea	Licence	number o	r customer no)				

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SECTION A (ii): COMPANY/ TRUST/ ASSOCIATION BUSINE	SS 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.									
	this form is being submitted, give consent for a NSW Food Authority								
I/We agree to pay the fees applicable to this service, as per th	ne 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.	\mathcal{O}								
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)	2)								
POSTAL ADDRESS									
SUBURB/ TOWN	STATE POSTCODE								
PHONE ()	FAX ()								
MOBILE	EMAIL								
AUTHORISED CONTACT DETAILS									
Mr Mrs Miss Ms Dr	Professor Other								
NAME									
POSITION									
PHONE	FAX								
MOBILE	EMAIL								
DO YOU HAVE AN EXISTING NSW FOOD AUTHORITY LICENCE	DE?								
NO YES – please give details (eg Licence number or	customer no.)								

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Is the busines	s under this application being taken over from an ex	isting li	cence holder	?						
NO – Please p	NO – Please proceed to communication section below.									
YES – If possi	YES – If possible, please arrange for the previous owner to complete the 'Consent of Present Licensee' section below:									
CONSENT OF PR	ESENT 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 lie	tensee(s), will/will not continue to conduct a food business using the premises	and agree/c	lo not agree to the	cancellation of						
the licence for the p	remises. My/Our licence number is									
SIGNATURE(S)	X	DATE	1	1.						

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							

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BUSINESS ACTIVITY DETAILS

is the b	usiness relocating from an existi	ng site?			
	NO – Please proceed to business a	ctivity and location section	below.		
	YES – Please confirm existing site a	ddress and then proceed t	business activity details an	d location sect	ions below:
	LOCATION OF EXISTING SITE				
SECTIO	N B – FACILITY DETAILS				
				♦ Se	ee guide page 10
1. H	low many facilities does tl	ao business listed	in Section A own or		
	o Standard 3.3.1?	ie busiliess listeu	iii Section A own or	operate t	nat are subject
	e is more than one facility, you monopying and attaching these section			each corresp	onding facility by
priotoc	opying and attaching these section	ons to the licence appli	Cation Torm.		
2. F	Facility details			♦ Se	ee guide page 10
	-				
and/o	of facility where processing r serving of food is being cted (if applicable):				
proces	ss of facility where ssing and/or serving of food good conducted:				
	.9 00.1140.001	SUBURB:	STAT	E:	P/CODE:
	nated commencement of g date				
as Cor	y owner name (if applying ntractor to facility provide				
	of facility owner): y phone number:				
	-				
Facilit	y fax number:				
Conta	ct person:				
Position	on:				
Conta	ct person phone number:				
Conta	ct person fax number:				
Conta	ct person mobile number:				
Email	address:				

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SECTION C – ACTIVITY DETAILS

	♦ See guide page 10–12
3.	Which activity do you conduct at this facility?
Pleas	se 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. D > Go to question 7
d)	ACTIVITY 4 The business is <u>a delivered meal organisation that processes food for service</u> 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. So to question 7

SECTION D - FACILITY TYPE

		♦ See guide pages 12-14
4.		ou are conducting Activity 1, what type of facility are you processing and/or serving I in?
Pleas	se tick	relevant box
ć	a) 🗆	Acute care hospital
ł	o) [Psychiatric hospital
(:) 	Hospice
(d) 🗆	Nursing home for the aged
(e) [Same-day care establishments for chemotherapy and renal dialysis
f) [Respite care establishments for the aged
Ç	₃₎	Same-day, aged-care establishment
ŀ	n) 🗀	Low-care, aged-care establishment
i) [Multi-purpose service

SECTION E - CONTRACTUAL RELATIONSHIP

				♦ See guide page 14
5.	WI	hich	hes	st describes your use of a contractor?
	No fac	te : A	A con	ntractor means a business that is contracted to perform work (eg food processing/serving) within a ified within Standard 3.3.1. It does not mean an external provider (such as a CPU) that a facility als from.
Plea.	se tic	k rel	levan	t box
;	-		duct serv	tall food processing and/or serving and we do not use a contractor for any part of our ice
		□ >	Go	to question 7
ı	b) I	use	а со	ontractor 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) C	Othe	r – P	Please describe here
	_			
	-			
	_			
	_			

SECTION F - CONTRACTOR'S DETAILS

	♦ See guide page 15
6. What are the contractor's d	letails?
Contractor's business name:	
Contact person:	
Position:	
NSW Food Authority licence number (if known):	
Phone number:	
Fax number:	
Mobile number:	
Email address:	

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?	
Plea	tick relevant box	
	O-3 FTE food handlers	
	4-10 FTE food handlers	
	□ 11-30 FTE food handlers	
	□ 31-50 FTE food handlers	
	☐ 51+ FTE food handlers	
Note	FTE staff only applies to paid staff	
	YOU ARE NOW FINISHED. PLEASE PROCEED TO SECTION H – PAYMENT DETAILS.	

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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 lic	cence fee	
0 (Facilities that do not process or serve)	NIL	х			NIL	
0-3	\$346.00	х				
4-10	\$447.00	х				
11-30	\$832.00	х				
31-50	\$1,213.00	х				
51+	\$1,596.00	х				
Additional chargeable items	No. of packs	Total cost				
Company search administration fee	N/A				\$50.00	
			APPLICATION	ON 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								

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.

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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 232, Taree NSW 2430

B. PAYMENT BY CREDIT CARD

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

Please note: We do not accept American Express.

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 Licensing & Accreditation Services Unit by:

- Post to PO Box 232, Taree NSW 2430, or
- Email to bfs.admin@dpi.nsw.gov.au

An invoice will then be forwarded to you for payment. (NB: Your application will not be processed until payment of the invoice is confirmed).

CHECKLIST

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

- Y Application form completed and signed
- Y 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)
- Υ Certificate of Incorporation attached (where applicable)
- Y Payment attached

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

NSW Food Authority PO Box 232 TAREE NSW 2430

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