

Food Safety Program Application

PRIVACY NOTICE: SOUTH BURNETT REGIONAL COUNCIL IS COLLECTING YOUR PERSONAL INFORMATION FOR THE PURPOSE OF PROCESSING THIS FORM. COUNCIL WILL RETAIN THESE DETAILS FOR THE PURPOSE OF CONTACTING YOU WITH REGARDS TO ANY COUNCIL RELATED MATTERS. YOUR PERSONAL DETAILS ARE HANDLED IN ACCORDANCE WITH THE *INFORMATION PRIVACY ACT 2009* AND WILL BE USED FOR THE PURPOSES OF RESPONDING TO YOU AND WILL NOT BE DISCLOSED TO ANY OTHER PERSON OR AGENCY EXTERNAL TO COUNCIL WITHOUT YOUR CONSENT, UNLESS REQUIRED OR AUTHORISED BY LAW.

Food Act 2006

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. **Enter "N/A" if the question does not apply.**

Choose only one		
New Food Safety Program Accreditation	Fee \$ _____	To be Invoiced
Amendment of Food Safety Program Existing Food Safety Program Number	Fee \$ _____	To be invoiced
Food Business Details:		
Food Business Licence Number:		
Trading Name:	ACN / ABN:	
Premises Address:		
Contact person:	Position:	
Business Phone:	Business Mobile:	
Business Fax:	Email:	
Note: The applicant must be the Food Business Licensee. If applicant is a company, insert company name and ACN / ARBN		
Applicant Licensee Details:		
Company Name:		
Individual Name:		
Postal Address:		
Contact Phone:	Mobile:	
Contact Fax:	Email:	
Type of Food Business:		
Private Hospital Off-site Caterer <i>Off-site: operating away from a set premises</i> On-site Caterer <i>Onsite: catering for function at a set location</i>	On-site Caterer as part of a business <i>(i.e. a Restaurant)</i> Vulnerable population <i>e.g. childcare, aged care, nursing home, hospice</i>	

Third Party Auditor's Details:

Name:

Auditor ID number:

Address:

Phone:

Mobile:

Fax:

Email:

You are required to Attach a "Written Advice from Auditor" with this application form

Yes, I have attached the required Form

Section 103 (2) of the Food Act 2006 states that Local Government must receive and consider the written advice of an auditor. The advice must state if the Food Safety Program complies with the criteria in Section 104 of the Act.

The accreditation of your application cannot proceed until written advice has been provided from a Third Party Auditor. To find an approved Third Party Auditor visit Queensland Health's website: www.health.qld.gov.au

Applicant Declaration:

I am duly authorised to make this application

I understand that the approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

I declare the information provided in this application to be true and correct.

Signature: _____

Date: _____

Attachments Required –

Non-Profit request for reduced fee

Two (2) Copies of Food Safety Program

A completed Notice of Written Advice from an approved auditor

Office Use Only

Fee		Date	
Job Code		Received by	
Receipt Number			