|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant/ Responsible Person Details** | Applicant Name |  | | | | |
| Manager(s) Name |  | | | | |
| Postal Address |  | | | | |
|  | | | | |
| Telephone | Home |  | | Mobile |  |
| Email |  | | | | |
| **Current Licence Details** | Licence Number |  | | | | |
| Trading Name |  | | | | |
| Fixed/Mobile Premise Address |  | | | | |
|  | | | | |
| **Food Safety Program** | Business Type | Offsite Catering | | Child Care Centre | | |
| Onsite Catering | | Aged Care Facility | | |
| Private Hospital | | Other: | | |
| **Declaration** | I submit this application with the relevant fee and supporting documentation as required. I understand that it is an offence under Sections 267 and 268 of the *Food Act 2006* to provide false or misleading information or documents. If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.  Applicant(s) signature …………………………..…………… Date ……………………………… | | | | | |
| Please Note: Council requires the Applicant to obtain a ‘Notice of Written Advice’ from an approved auditor as to whether the Food Safety Program meets the criteria for Food Safety Programs as prescribed in Section 104 of the *Food Act 2006*. Visit the Queensland Health [website](https://www.health.qld.gov.au/public-health/industry-environment/food-safety/programs) for approved Food Safety Auditors. | | | | | | |
| **Mandatory Supporting information** | A copy of the Food Safety Program  Notice of Written Advice from an approved Food Safety Auditor | | | | | |