|  |  |  |
| --- | --- | --- |
| **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 |