

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the region. The information will not be disclosed to any other party unless required by law.

Application is for:

- ☐ Accreditation of Food Safety Program ☐ Amendment - minor
☐ Accreditation of Food Safety Program (written advice of approved third party auditor)

OFFICE USE ONLY

Applicable fee: \$

Please provide existing food business licence number and expiry date (if applicable)

Existing licence number:

Expiry:

Certification

As the applicant, I apply for accreditation/amendment of the attached food safety program. I am aware that it is an offense to knowingly provide false and misleading information and declare:

1. That I am authorised to sign on behalf of the person (meaning a corporation or individual/s) and commit this person (meaning a corporation or individual/s) in all respects.
2. If written advice of an approved third party auditor is supplied, that the third party auditor did not assist or was not involved with the development off the food safety program submitted for accreditation.

Applicant/s details (for a company or registered organisation)

Company name:

ACN/ ARBN/ IA:

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other (specify)

Family name:

Given names:

Position:

I declare that I have the authority to sign on behalf of the company or registered organisation and that the information provided in this application to be true and correct.

Signature:

Date:

/

/

Applicant/s details (for individual/s)

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss ☐ Other

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Other

Family name:

Family name:

Given names:

Given names:

Position:

Position:

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

Signature:

Signature:

Date:

/

/

Date:

/

/

OFFICE USE ONLY

Receipt number:

Date:

Assessment number:

Lot/Plan:

Applicant contact details

☐ Business ☐ Private

Contact person:		
Postal address:		
Locality/ Suburb:	State:	Postcode:
Phone:	Mobile:	
Fax:	Email:	

Business details (only business names registered with the Office of Fair Trading can be used)

Business name:	ABN:
Street address:	
Locality/ Suburb:	State: Postcode:
Phone:	Mobile:
Fax:	Email:
Postal address (if different):	
Locality/ Suburb:	State: Postcode:
Contact person:	
Phone:	Mobile:
Fax:	Email:
Property Lot and Plan:	
Description of food business (e.g. <i>café, restaurant, cannery, home kitchen, etc</i>):	

Food sector

- ☐ Private hospital
☐ Primary activity is on-site catering at the premises
☐ Primary activity is on-site catering at *part* of the premises (serving 200 or more persons on 12 or more occasions per year)
☐ Off-site caterer
☐ Aged care
☐ Child care
☐ Delivered meals organization
☐ Voluntary submission for-

☐ Food manufacturer
☐ Supermarket

☐ Café or restaurant
☐ Other _____

Attachments for applications

Item	Yes	No	N/A
1. One copy of the food safety program requiring either accreditation or amendment MUST be attached to this application.			

[illegible]