

Application for Food Safety Program

Food Act 2006

You must complete all questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation will result in your application being an improperly made application.

Please:

- complete the form and return to Council; and
- provide any mandatory supporting information identified on the application form; and
- submit the applicable fee

 Accreditation of Food Safety Program

With external auditor advice
(complete sections 1, 2, 3 & 7)

 Amendment to Food Safety Program (Minor)

eg. business name change, change to contact details, etc
(complete sections 1, 2, 5 & 7)

 Amendment to Food Safety Program (Major)

Eg. changes resulting from new, changed or modifies food operations and/or documentation
(complete sections 1, 2, 5 & 7)

 Request for Non-conformance Audit

(complete sections 1, 2, 4 & 7)

 Request for Audit by Council Auditor

(complete sections 1, 2, 4 & 7)

 Notification of Audit Report by External Auditor

(complete section 1, 2, 6 & 7)

To: Chief Executive Officer, Douglas Shire Council

1. APPLICANT DETAILS

Note: The applicant is the person who will hold the permit and will be legally responsible for complying with the applicable conditions. A business name or trust is not a legal entity and should not be entered in this field as the applicant. Where a person or company operates a business, the applicant is the person or company.

Example – Jane Bloggs & Joe Bloggs, Joe Bloggs Pty Ltd, Jones Ltd, The Business Inc.

Applicant (Entity) Name:

(Individual/Partnership/Corporation)

Is the Applicant a Not for Profit (Community, Sporting or Service) Organisation? Yes No

If Yes, Please attach a certificate of incorporation to this application

Applicant Postal Address:

Does this postal address apply to all Council Departments (i.e. rates, water, permits, animals etc.) Yes No

Applicant Registered Office Street Address:

or nominated address if applicant is a Not for Profit Organisation

Applicant Phone Number:**Applicant Mobile:****Applicant Email Address:****Applicant Contact Name if not an Individual:**

For Corporations, please provide the following information. For additional names, please attach.

Director Name:**Director Address:****Director Name:****Director Address:**

For Committees of Incorporated Entities, please attach a list of all current committee members.

ACN / ABN:

(where applicable)

OFFICE USE ONLY

Are all sections of the application completed and signed? Are all the supporting documents attached (see page 2)?

Receipt Type: 780

Fee Paid:

Receipt No:

CSO:

2. FOOD BUSINESS DETAILS

Current Food Licence No: _____

Trading Name: *Park Lane Aged Care Catering*
 (Name of Food Premises)

Site Contact Name:

Food Premises Site Address:

Postal Address:
 (if different to Applicant)

Site Telephone:

Site Contact Mobile:

Site Email:

3. FOOD BUSINESS ACTIVITIES

(please tick all relevant activities that require you to have an accredited Food Safety Program)

CATERING**VULNERABLE POPULATIONS**

- | | |
|---|--|
| <input type="checkbox"/> Off-site catering | <input type="checkbox"/> Child care facility |
| <input type="checkbox"/> On-site catering | <input type="checkbox"/> Aged care facility |
| <input type="checkbox"/> On-site catering in part of the premises
(>199 people, 12 times or more per year) | <input type="checkbox"/> Delivered meals to vulnerable persons |
| <input type="checkbox"/> Voluntary submission of Food Safety Program | <input type="checkbox"/> Private Hospital |

4. ADVICE FROM APPROVED AUDITOR *(optional with submission of Food Safety Program for accreditation or amendment)*

Applications for accreditation of food safety programs can be submitted with written advice from a Queensland Health approved auditor. This advice will assist Council in determining whether your program complies with the *Food Act 2006*. Such advice must be provided on the approved Queensland Health form and must state whether or not the auditor considers that –

- the program complies with Section 98 of the *Food Act 2006*; and
- implementation of the program is reasonable likely to effectively control the food safety hazards of the food business to which the program relates.

Advice from approved auditor attached? Yes No

5. AMENDMENT DETAILS *(please outline amendments to your Food Safety Program below and attach copies of changes)***6. NOTIFICATION OF AUDIT REPORT**

Auditors Name:

Approval No.:

Food Business Audited:

Date of Audit:

7. DECLARATION

Signing this form is a legal declaration that all the details provided are true and correct.

NB: If the applicant is a Corporation, the signing applicant must state his/her position and have delegated authority to sign on behalf of the Corporation. If the applicant is a partnership, both partners must sign the form.

Print Name/s:

Signature/s:

Date:

Douglas Shire Council – Information Privacy Statement

Your personal information has been collected for the purpose of processing your application for food safety accreditation. The collections of this information is authorised under the *Food Act 2006*. You are providing personal information which will be used for the purpose of delivering services and carrying out council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by personal who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.

FEES AND CHARGES 2020/21

Application for Accreditation of Food Safety Program	\$ 520.00
Application for accreditation of Food Safety Program with external auditor advice	\$ 336.00
Request for non conformance audit	\$ 336.00
Amendment of Food Safety Program – Major	\$ 222.50
Amendment of Food Safety Program – Minor	\$ 66.50