

FOOD SAFETY PROGRAMS

Food Act 2006

Application for: accreditation or amendment of food safety programs

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.

Application for: accreditation
 amendment

Important: An unbound hard copy of the food safety program with all pages numbered **must** accompany this application. This application will not be accepted without the food safety program.

Section 1 - Applicant details

Details of the applicant (person or company)

Title: Mr Mrs Ms Miss Company
First name: Given name(s):
Last name:
Company name: ABN:
Director's Name:
Director's Name:
Postal address:
Locality: State: Postcode:
Phone: Fax:
Mobile: Email:

Section 2 - Contact details

Only complete this section if contact person is different than applicant or if applicant is a company.

Title: Mr Mrs Ms Miss
First name: Given name(s):
Last name:
Postal address:
Locality: State: Postcode:
Phone: Fax:
Mobile: Email:

Section 3 - Food business details

Please provide details of your food business

Trading Name:
Site Address:
Locality: State: Postcode:

Description (please tick all that apply):

- Off-site Catering
- On-site Catering
- Private hospital
- Other (specify):
- Child care facility
- Aged care facility
- Delivered meals to vulnerable persons

Section 4 - Amendment details
*Only complete this section if amending a previously accredited food safety program
 Please provide details of any amendments and attach copies of changes*

Lodgement
Date, sign, and forward this application, with fee and required supporting documentation (if any), to Cook Shire Council. This application MUST be lodged with Council.

I have read and agree to abide by Council’s conditions.
 I indemnify Cook Shire Council against claims for personal injury including death and damage to property including economic loss arising by, through or in connection with the approval.
 I declare the information provided in this application to be complete, true and correct.

Signature: Date:

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.

Office Use Only

G/L: 2050.105.68

Fee: Receipt number:

Date: Received by: