

FOOD SAFETY PROGRAMS

FOOD ACT 2006

Application for: accreditation or amendment of food safety programs

	s regarding fees or how to complete this form. licable. 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.				
APPLICANT				
Title Mr Mrs Ms Miss	Company			
Full name				
Company	ADAL			
Director's name Director's name	ABN			
Trading as	ABN			
Postal address				
Locality / Suburb	State Postcode			
Phone	Mobile			
Email	Fax			
CONTACT DETAILS				
CONTACT DETAILS Title Mr Mrs Ms Miss				
Title Mr Mrs Ms Miss				
Title Mr Mrs Ms Miss Full name	State Postcode			
Title Mr Mrs Ms Miss Full name Postal address	State Postcode Mobile			
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub				
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub Phone Email	Mobile			
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub Phone Email FOOD BUSSINESSS DETAILS	Mobile			
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub Phone Email FOOD BUSSINESSS DETAILS Trading Name	Mobile			
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub Phone Email FOOD BUSSINESSS DETAILS Trading Name Street Address	Mobile Fax			
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub Phone Email FOOD BUSSINESSS DETAILS Trading Name Street Address Locality	Mobile			
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub Phone Email FOOD BUSSINESSS DETAILS Trading Name Street Address	Mobile Fax State Postcode			
Title Mr Mrs Ms Miss Full name Postal address Locality / Subrub Phone Email FOOD BUSSINESSS DETAILS Trading Name Street Address Locality	Mobile Fax			

☐ On-site Catering		☐ Aged care facility		
☐ Private hospital		☐ Delivered meals to vuln	erable persons	
☐ Other (specify)				
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				
I have read and agree	to abide by Council's condition	ns.		
	e Council against claims for pers		and damage to property	
_	ess arising by, through or in con tion provided in this application	• •	correct	
			——————————————————————————————————————	
Applicant's Signatu		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 <i>Information Privacy Act 2009</i> , will only be handled by persons authorised to do so and will not be				
disseminated unless you have gi	ven Council permission to do so or the disclosu	are is required by law.		
Cook Shire Council				
10 Furneaux Street				
Phone: 07 4082 0500 Email: mail@cook.qld.	gov au			
Website: www.cook.q	_			
PO Box 3, COOKTOWN	QLD 4895			
OFFICE USE ONLY			G/L: 2050.105.121	
Application fee		Approval issued Yes	No	
Date paid		Receipt number		
Received by		Received by		
	Name	,	Signature	