

APPLICATION FOR ACCREDITATION OF FOOD SAFETY PROGRAM

Food Act 2006



Please complete all details in full.

Privacy Statement

Maranoa Regional Council is collecting your personal information in accordance with the *Local Government Act 2009* in order to assess your request. The information will only be used by authorised officers for the purpose of assessing your request. Your information will not be given to any other person or agency unless you have given us permission or we are required or allowed to by law.

Maranoa Regional Council

ABN: 99 324 089 164

Correspondence: PO Box 620, Roma QLD 4455

Phone: 1300 007 662

Fax: 4624 6990

Email: council@maranoa.qld.gov.au

Web: www.maranoa.qld.gov.au

APPLICATION TYPE

☐ **New Food Safety Program Accreditation**

☐ **Amendment to Accredited Food Safety Program**

APPLICANT (LICENSEE) DETAILS

Entity type ☐ Corporation ☐ Incorporated association ☐ Individual / other entity

Name (Family trust is not a legal entity for a food business licence)

Postal address

Suburb

State

Postcode

Phone

Mobile

Email

FOOD BUSINESS DETAILS

Trading name

Food licence number

Activity

☐ On-site caterer ☐ Off-site caterer ☐ Food service to vulnerable persons

☐ Other food business:

Business Address

Suburb

State

Postcode

Licensee name

ACN / ABN No

Email address

ADDITIONAL INFORMATION REQUIRED

The following must be attached to this application:

- ☐ A completed Notice of Written Advice from an approved auditor (refer below for register of approved auditors)
- ☐ One (1) hard copy of your Food Safety Program. Where this is an application for an approval of an amendment, please also include a summary of the amendments

Refer to Queensland Health's website www.health.qld.gov.au for the register of approved auditors.

DECLARATION

Note: Providing false or misleading information in this application may lead to legal action or prosecution.

I declare that:

- I am the applicant or an authorised signatory for the applicant.
- The information provided is true and correct to the best of my knowledge. I understand that it is offence under Section 268 of the *Food Act 2006* to provide Maranoa Regional Council (MRC) or an authorised person, documentation containing information that I know is false, misleading or incomplete.
- I understand that all information provided with this application form may result in the application being refused.

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I understand that all information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

Name of Individual/Organisation

Name of Signatory (If applicant is an organisation)

Position (Proprietor, Director, Manager etc)

Signature

Date

OFFICE USE ONLY

Date Received

TRIM Application

TRIM Permit

Receipt Number

Licence Number