



Application for Accreditation of a Food Safety Program

Food Act 2006

ABN: 45 596 234 931

Section 1 - Applicant / Licensee Details *(please print)*

Licensee: *(Name in Full)*:

Address:

.....

Postal Address *(If different to above)*:

.....

Existing Food Business Number: *(If known)*

Contact Name:

Telephone: Work: Mobile:

Email: Fax:

Section 2 - Food Business Details *(please print)*

Company Name *(if applicable)*:

ACN / ABN:

Trading Name *(if applicable)*:

Address of Food Premises *(include Shopping Centre, if applicable)*:

.....

Real Property Description *(Lot & Plan)*:

Section 3 - Premises Details *(please tick and complete details, where applicable)*

Off-site Caterer

On-site Caterer

Private Hospital Caterer

Vulnerable Population Caterer

Section 4 – Food Safety Program

Please submit a copy of the Food Safety Program for the Food Business with this application.

Signature of Applicant: Date:

Printed Name of Applicant:

IMPORTANT NOTICE – Privacy Statement

Scenic Rim Regional Council is collecting your personal information in accordance with *Food Act 2006* in order to assess your application for a Accreditation of a Food Safety Program. The information will only be accessed by Scenic Rim Regional Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

OFFICE USE ONLY

GL# FSP Accreditation		
Amount \$	Receipt No:	Date:
Application ID:		