



Gold Coast City Council

Food Hygiene

PO Box 5042, Gold Coast Mail Centre Qld 9729
General Food Business enquiries: (07) 5581 6220

www.goldcoastcity.com.au

Main Office Locations:

Nerang

Nerang-Southport Road

Fax: (07) 5596 3653 (Nerang)

Surfers Paradise

135 Bundall Road

Fax: (07) 5581 6346 (Surfers Paradise)

NOTIFICATION TO LOCAL GOVERNMENT OF FOOD SAFETY SUPERVISOR OR NOTIFICATION OF CHANGE OF DETAILS OF FOOD SAFETY SUPERVISOR

If you have any specific enquiries regarding how to complete this form please contact Council's Environmental Health Compliance Section on (07) 5581 6220.

Please complete this form in BLOCK LETTERS and tick boxes where applicable.

Collection Notice: Council requires the personal information requested on this form for the purpose of assessing your application and administering licenses and approvals in the city. The information will not be disclosed to any other party unless required by law.

Any change in details of the Food Safety Supervisor must be provided within 14 days of the change.

Application Type

Notification of new Food Safety Supervisor

Notification of changes to details of previously nominated Food Safety Supervisor

FOOD BUSINESS DETAILS

Name of food business: _____

Licence no.: _____

Address of food business: _____

Mailing address: _____

Name of licensee: _____

Contact phone no.: B/H _____

Mobile: _____

Food Sector: Food Processing

Retail & Hospitality

Health & Community Services

Transport & Distribution

FOOD SAFETY SUPERVISOR DETAILS

Authorising Provisions

Food Act 2006

Provide details of national competency codes and attach copy of qualification to this form.

National competency codes must correlate with those approved by QLD Health for Food Safety Supervisors.

Title (Mr, Mrs, Miss, Ms): _____ Last name: _____

First name: _____ Second name: _____

Phone B/H: _____ Mobile: _____

Fax: _____ Email: _____

Details of Qualification (Must be attached to this form): _____

Do you have more than one Food Safety Supervisor:

No

Yes (Complete the above details on a separate sheet and return with this form along with a copy of their qualifications)

SIGNATURE OF LICENSEE

I, _____ certify that the above information and the information on any attachments, to the best of my knowledge, is correct.

Signature of Licensee: _____ Date ___/___/____