

Application for accreditation or amendment of a food safety program



Postal Address
PO Box 159
Caboolture QLD 4510

Health and Environment
Ph: 07 3205 0555
Fax: 07 3205 0599

Internet
www.moretonbay.qld.gov.au
mbrc@moretonbay.qld.gov.au

Food Act 2006

ABN: 92 967 232 136

Applicant details:

Name:

Business address:

Postal address:

Contact Name (for this application):

Daytime contact number:

Fax number:

Email address:

Food business details:

Company name:

ABN/ACN:

Trading name:

Address of food premises:

Existing food business licence number:

Shopping centre name (if applicable):

Real property description Lot: Plan:

Premises details: (please tick the relevant box that identifies the primary use as per section 99 of the Act)

- Off-site caterer:
- On-site caterer (primary activity of the food business is on-site catering at the premises stated in the licence)
- On-site caterer (primary activity of the food business is on-site catering at part of the premises stated in the licence where 200 or more people are served on 12 or more occasions per year)
- Private hospital caterer (part of the operations of a private hospital under the *Private Health Facilities Act 1999*)
- Food service to vulnerable populations (handling potentially hazardous food or other food that is reasonably likely to pose a risk to public health of safety. This includes aged care facilities and child care centres)
- Voluntary submission
(Please attach one hard copy and one electronic copy of the food safety program. The hard copy is stamped and returned to you when it has been accredited)

Advice from food safety auditor

Section 103(2) of the *Food Act 2006* states that local government must receive and consider the written advice of an auditor. The advice must state if the food safety program complies with the criteria in section 104 of the Act. Please note that accreditation of your application cannot proceed until written advice has been provided.

Is written advice from an auditor provided with this application Yes No

If written advice is not included please provide the name and contact details of the food safety auditor for this food business.

Name of auditor:

Postal address:

Daytime contact number:

Fax number:

Email address:

Amendment of food safety program (please tick the relevant box that identifies the reason an amendment is needed)

Changing a component of the food safety program (such as a change to the way food is handled)

Change of name and/or contact details stated in the food safety program

(Please attach one hard copy and one electronic copy of the food safety program. The hard copy is stamped and returned to you when it has been accredited)

Fees – refer to council's schedule of fees and charges for the relevant fee

Printed name of applicant :

Signature of applicant: Date:

Privacy statement

Moreton Bay Regional Council is collecting your personal information for the purpose of assessing your application for accreditation or amendment of a food safety program. The collection of this information is authorised under the Food Act 2006. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Office use only

Receipt no _____ Amount paid _____ Date _____

CSO _____ Licence no _____ Property ID _____

Payment options:

In person

Present this form at any of the Moreton Bay Regional Council Customer Service Centres:

Caboolture: 2 Hasking Street, Caboolture

Strathpine: 220 Gympie Road, Strathpine

Redcliffe: Irene Street, Redcliffe

By mail

Please make all cheques/money orders payable to Moreton Bay Regional Council or complete your credit card details below and return the form with payment to council.

Credit card type: MasterCard Visa

Card number:																		Expiry date:				
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Cardholder name:

Signature:

Amount payable: \$ Date:

Receipt address: