

Food Safety Supervisor Notification

Application Form

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1. Property Details	Present Location of Building:	
	No:	Street:
	Licence Number / Trading Name:	
	No:	Trading Name:

2. Food Safety Supervisor Details Completion of Question 2 clearly identifies the nominated Food Safety Supervisor/s	Name:		
	Postal Address:		
	Contact details:	Work Phone:	Mobile:
		After Hours Phone:	Fax:
		Email address:	

NB: . A licensee may be the food safety supervisor. A licensee may nominate more than one food safety supervisor for the food business. For each additional food safety supervisor, please complete their details over the page.

I confirm that I am the licensee for the above food business and that I understand:--

- I must at all times continue to have a food safety supervisor for the food business under the licence;
- I must ensure that a food safety supervisor for the food business is reasonably available to be contacted by the local government that issued the licence while the food business is being carried on;
- I must ensure that the food safety supervisor for the food business is reasonable available to be contacted by persons who handle food in the food business while the food business is being carried on;
- I must, within 14 days after a person stops being a food safety supervisor for the food business, advise the local government;
- I must, within 14 days after the contact details of a food safety supervisor for the food business changes, advise the local government of the change.

3. Licensee Statement Completion of Question 3 confirms licensee details	Licensee details (as it appears on the food licence):	
	Nominee for Licensee (if licence is in a company name):	
	Licensee signature:	Date:

4. Additional Food Safety Supervisor Details Completion of Question 4 clearly identifies the nominated Food Safety Supervisor/s	Name:		
	Postal Address:		
	Contact details:	Work Phone:	Mobile:
		After Hours Phone:	Fax:
		Email address:	
	Name:		
	Postal Address:		
	Contact details:	Work Phone:	Mobile:
		After Hours Phone:	Fax:
		Email address:	
	Name:		
	Postal Address:		
	Contact details:	Work Phone:	Mobile:
		After Hours Phone:	Fax:
		Email address:	
	Name:		
	Postal Address:		
	Contact details:	Work Phone:	Mobile:
		After Hours Phone:	Fax:
		Email address:	
Name:			
Postal Address:			
Contact details:	Work Phone:	Mobile:	
	After Hours Phone:	Fax:	
	Email address:		
Name:			
Postal Address:			
Contact details:	Work Phone:	Mobile:	
	After Hours Phone:	Fax:	
	Email address:		
Name:			
Postal Address:			

4. Reply Paid Address	<p>Please mark on an envelope the following reply paid address for free postage:</p> <p style="text-align: center;">Environmental Health Services</p> <p style="text-align: center;">Toowoomba Regional Council</p> <p style="text-align: center;">Reply Paid 3021</p> <p style="text-align: center;">TOOWOOMBA VILLAGE FAIR QLD 4350</p>
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