

5. Business Details:

Business Name (trading name)

Business Address

.....
.....
..... Postcode

Business phone no.

Business mobile no.

Business E-mail

6. Business type:

Please identify the relevant business type:

- Offsite catering
- Child care centre
- Aged care facility
- Onsite Catering
- Private hospital
- Other (please specify):

7. Food Safety Auditor Details:

Gympie Regional Council requires the applicant to obtain a 'Notice of Written Advice' from an approved auditor as to whether the food safety program meets the criteria for food safety programs set out in section 104 of the *Food Act 2006*.

Please visit the Queensland health website

<https://www.publications.qld.gov.au/dataset/food-safety-auditing/resource/62aa1c5-f60b-4e0f-b726-488ac27d5a93>
for a list of approved food safety auditors

Food Safety Auditors Name:

Approval No:

8. Supporting Documentation

- One copy of the food safety program, including support programs & records
- Written advice for consideration of Food Safety Program for accreditation from Queensland Health approved Food Safety Auditor – only for applications of accreditation.*

9. Declaration:

If you have not told the truth in this application, you may be liable for prosecution under the *Food Act 2006*.

- I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.
- I understand that Gympie Regional Council collects personal information where it is directly related to a function or activity of Council and where the collection of such information may be reasonably considered as necessary for that purpose. It will only use personal information for that purpose, and will not disclose it, except as permitted under the *Information Privacy Act 2009*.
- I understand that public availability of information supplied on or with this application can be restricted only after the confidentiality of information has been tested by application through the *Right to Information Act 2009*, and that the information supplied on or with this application may be used in accordance with the *Evidence Act 1977*.

Print Name

Applicant Signature 1

Date

Print Name

Applicant Signature 2 (if applicable)

Date

