

**APPLICATION FOR ACCREDITATION**  
**OF A FOOD SAFETY PROGRAM**

**SECTION 102 FOOD ACT 2006**



Food Business Licence Number: \_\_\_\_\_

**Applicant (Licensee) Details**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

**Food Premises**

Trading Name: \_\_\_\_\_

Premises Location: \_\_\_\_\_

\_\_\_\_\_

**Type of Food Business**

Offsite Catering

Onsite Catering - Primary Activity

Onsite Catering -  
(part of business)

Private Hospital

Serve Vulnerable Populations  
(e.g. child care, meal on wheels, aged care  
facilities)

**IMPORTANT: TWO HARD COPIES OF THE PROGRAM IS TO BE PROVIDED TO COUNCIL WITH ALL PAGES NUMBERED. DO NOT SUBMIT IN FOLDERS, BINDERS, ETC**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*The Gladstone Regional Council is collecting your personal information in accordance with the Food Act 2006 to process your application for Accreditation of a Food Safety Program. The information will only be accessed by authorised council employees. Some of this information may be given to other Government Departments in case of an emergency. 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**

File No. \_\_\_\_\_

Fees Paid \_\_\_\_\_

Receipt No. \_\_\_\_\_