

# Application for accreditation of a food safety program

or

# Application for approval of amendment to an existing accredited food safety program



**Food Hygiene**  
PO Box 5042, GCMC Qld 9729  
goldcoastcity.com.au  
General enquiries (07) 5581 6668

Main office locations  
833 Nerang-Southport Road, Nerang  
135 Bundall Road, Surfers Paradise

## Authorising Provisions

Food Act 2006

(Chapter 3)

If you have any specific enquires regarding this application please contact Council's Licensing & Approvals Section on (07) 5581 6668 or Fax: (07) 5581 6898.

Please complete this application in BLOCK LETTERS, tick boxes where applicable and attach required further information.

**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.

<p><b>Any change in details of the Food Safety Program must be provided to Council as soon as practicable.</b></p>	<p><b>Application Type</b></p> <p><input type="checkbox"/> Food Safety Program Accreditation(may include accreditation for new business or new licensee of business); or</p> <p><input type="checkbox"/> Amendment to existing accredited Food Safety Program (Please provide summary of amendments along with 2 full copies of the amended program) – amendments may include identifying other hazards, controls, altering monitoring systems or changing corrective actions</p>
<p><b>See guide for relevant definitions of these business types.</b></p>	<p><b>Food Business Details</b></p> <p>Name of food business: _____</p> <p>Address of food business: _____</p> <p>Name of licensee: _____</p> <p>Food licence number: _____</p> <p>Contact phone No.: b/h _____ mobile: _____</p> <p>Postal address: _____</p> <p><b>Food Business Type:</b></p> <p><input type="checkbox"/> On-site caterer      <input type="checkbox"/> Off-site caterer</p> <p><input type="checkbox"/> Food service to vulnerable persons:</p> <p>    <input type="checkbox"/> Child Care Centre    <input type="checkbox"/> Aged Care Facility    <input type="checkbox"/> Private Hospital</p> <p>    <input type="checkbox"/> Provider of Meals for Delivered Meal Organisations</p> <p>    <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Auditors Details</b></p> <p>Name of third party auditor: _____</p> <p>Auditor's ID no: _____</p> <p>Auditors official address: _____</p> <p>Auditors contact phone No. _____</p> <p>Auditors fax / email address: _____</p> <p>Has the food safety program been endorsed by this registered auditor? (attach report)</p>

<p><b>Please attach all relevant information.</b></p>	<p><b>Applicant checklist</b></p> <p><input type="checkbox"/> Correct fee / no fee</p> <p><input type="checkbox"/> Two copies of food safety program</p> <p><input type="checkbox"/> Notice of written advice</p> <p><input type="checkbox"/> Auditors report</p>
<p><b>Application must be signed</b></p>	<p><b>Signature of Licensee</b></p> <p>I, _____ certify that the above information and the information on any attachments, to the best of my knowledge, is correct.</p> <p>Signature of licensee: _____ Date ___ / ___ / ___</p>