

## Application for Accreditation of a Food Safety Program

Section 102 Food Act 2006

### LICENSEE DETAILS

Food Business Licence Number:

Mr / Mrs / Ms / Miss                      Surname:                      Given Name/s:

Ph Home: (    )                      Work : (    )                      Mobile:

Email:

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
- Service Vulnerable Populations - (eg. Child care, meals on wheels, aged care facilities)

**IMPORTANT: Two hard copies of the program must be provided to Council with all pages numbered. Please do not submit in folders, binders or plastic sleeves.**

*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 you supply on this form will only be accessed by authorised Council employees. Some of this information may be given to other Government Departments in the 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.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE                      Please receipt to Food Licence Number in Pathway

Customer  
Service  
RS Admin

Officer Name:	Receipt Number:	Date:
Officer Name:	<input type="checkbox"/> Attachments Provided	Date Entered:
Scheduled category	Licence no.	

### PAYMENT OPTIONS Only to be completed if NOT paying at a Council Office in person

You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.

**CREDIT CARD →**    Visa     Master Card     AMEX                       Please tick if a receipt is required:    Yes   
 No

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_    Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

**POST →**    Post a cheque or money order made payable to:  
 Gladstone Regional Council, PO BOX 29, GLADSTONE DC QLD 4680