



# Notification or Change of Food Safety Supervisor

Food Act 2006

**Privacy Notice:** Mackay Regional Council is collecting this information in order to process your application. Council is authorised to do this under the above-mentioned legislation. If required, council may provide your details to a collection agency that has been employed by council for the recovery of unpaid fees. In all other circumstances this information will only be disclosed to a third party with your written authorisation or as required by law.

**P:** 1300 622 529 | **E:** [council@mackay.qld.gov.au](mailto:council@mackay.qld.gov.au) | **F:** 07 4944 2400 | PO Box 41 Mackay QLD 4740 | **ABN:** 56 240 712 069  
**CS Centres:** Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your nomination to be valid you must:

- Complete all relevant sections; and
- Provide all supporting information referred to on this form.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

## SECTION A – NOTIFICATION OR CHANGE DETAILS

Will the food business have multiple Food Safety Supervisors (FSS)?  Yes  No

Are you replacing a FSS?  Yes  No

If yes, name of FSS to be removed from records:

## SECTION B – BUSINESS DETAILS

Trading Name: Food Business Licence Number: FL-

Trading Address:

Suburb:

Post Code:

Contact Number:

## SECTION C – FOOD SAFETY SUPERVISOR DETAILS

*You must notify council of any changes to your FSS, or their contact details within 14 days of change.*

FSS Name (1):

Residential Address:

Suburb:

Post Code:

Home Phone:

Work Phone:

Mobile:

Email:

*If you nominate more than one (1) person as your FSS, please provide details for both.*

FSS Name (2):

Residential Address:

Suburb:

Post Code:

Home Phone:

Work Phone:

Mobile:

Email:

## SECTION D – ATTACHMENTS

**Please provide:**

1. A copy of the Statement of Attainment for each nominated FSS issued by a Registered Training Organisation (RTO) for the required competencies. For a list of the required competencies, please contact council for more information.

## SECTION E – LICENSEE DECLARATION

- I declare the information provided in this application to be true and correct.

Licensee Name:

Signature:

Date: