



Application for Accreditation of a Food Safety Program

Food Act 2006.

Privacy Notice: Mackay Regional Council is collecting this information in order to process your Application. Please be advised that Council under Legislation may be required to provide your details to a relevant State Department/Agency when requested or 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 | **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 application to be assessed you must:

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

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 – BUSINESS DETAILS

Trading Name:

Food Business Licence Number:

Trading Address:

Suburb:

Post Code:

Contact Number:

SECTION B – TYPE OF FOOD BUSINESS

- | | |
|--|--|
| <input type="checkbox"/> Private hospital | <input type="checkbox"/> Off-site caterer |
| <input type="checkbox"/> On-site caterer | <input type="checkbox"/> Vulnerable population (childcare, aged care, nursing home, hospice) |
| <input type="checkbox"/> On-site caterer as part of a business | |

SECTION C – THIRD PARTY AUDITOR'S NAME

Note: the nominated third party auditor must endorse the Food Safety Program and provide a report to council before the Program will be accredited. Information regarding registered auditors can be found on the Queensland Health website.

Auditor's Name:

ID Number:

SECTION D – ATTACHMENTS

Please provide:

1. A copy of the Food Safety Program;
2. Auditor's report, if required; and
3. Additional information, if required.

SECTION E – APPLICANT CHECKLIST & DECLARATION

- Correct fee enclosed and paid
- Copy of Food Safety Program attached
- Auditor's report attached, if applicable
- I declare the information provided in this application to be true and correct.

Applicant Name:

Signature:

Date:

PAYMENT OPTIONS

For a complete list of fees and charges, please refer to council's [Fees and Charges](#).

CREDIT CARD | We accept Visa or MasterCard. We do not accept American Express.

CHEQUE | Make your cheques payable to Mackay Regional Council.

CASH OR EFTPOS | You can pay at any of Council's Customer Service Centres.

OFFICE USE ONLY

Reference number: LC/H&RS/PP	Date:	Amount:
File number:	Receipt number:	Cashier: