



Food Safety Supervisor Notification

Authorising provisions - Food Act 2006

If you have any specific enquiries regarding how to complete this form, please contact council's Environmental Health Services. Contact number listed at bottom of page 1.

1. Business details

Trading name		
Postal address		
Suburb	State	Postcode
Preferred contact person		
Business phone	Alternate phone	Mobile
Email address		Fax

2. Food safety supervisor notification

A food business licensee must advise council of the name and contact details of each food safety supervisor for the business. Penalties apply for failing to provide the required information within the specified timeframe.

- for a new licence – **within 30 days**
- for a change in food safety supervisor – **within 14 days**
- for a change in a food safety supervisor's contact details – **within 14 days**
- after a person stops being a food safety supervisor - **within 14 days**

For **each** food safety supervisor listed, attach a copy of the certificate of attainment for the relevant competencies. For current competencies refer to www.lgtoolbox.qld.gov.au (In the Search Box type in **Food Safety Supervisor**)

Food safety supervisor 1

Title	Surname	Given names	
Business phone	Alternate phone		Mobile
Email address			Fax
Competencies held			

Food safety supervisor 2

Title	Surname	Given names	
Business phone	Alternate phone		Mobile
Email address			Fax
Competencies held			

3. Delete previous food safety supervisor/s

Please delete the following names from your records as they are no longer our food safety supervisor:

Privacy
 Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009*. Your personal information is only accessed by persons authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or we are required by law

5. Declaration of applicant

I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with Goondiwindi Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise Goondiwindi Regional Council in writing prior to any such change being implemented.

I/We hereby make application for a food business licence under the *Food Act 2006* as set out in this form.

Name	Signature	Position:	Date
Name	Signature	Position:	Date

OFFICE USE ONLY

Application no.	Amount paid	Receipt no.	Receipt date	Initial	Date stamp