Nomination or Amendment of Food Safety Supervisor

Food Act 2006 Section 88

 ABN:
 95399253048

 Telephone:
 07 4913 5000 / 1300 790 919

 Postal:
 PO Box 2292 YEPPOON QUEENSLAND 4703



Enquiries: www.livingstone.qld.gov.au/OnlineServices

Email: HealthAdministration@livingstone.qld.gov.au

PRIVACY NOTICE Livingstone Shire Council is collecting your personal information in order to provide the requested service and to update Council's records. The collection of this information is required under the Food Act 2006.

This form is to be used when nominating or amending a Food Safety Supervisor for a business undertaken by the applicant, who has a current Food Business Licence.

| Applicant Details | |
|--|--|
| Applicant Name (Individual, Partnership, Company) | Manager(s) Name (if applicant Partnership, Company) |
| | |
| Postal Address | Contact Number(s) |
| | |
| | |
| Licence and Premise Details | |
| Licence Number | Premises Address |
| | |
| Trading Name | Mobile Premises Details (including Registration Number) |
| | |
| Food Safety Supervisor | |
| | |
| Under the <i>Food Act 2006</i> , all licensed food businesses r required to provide the details of the Food Safety Supervisor | |
| The licensee must also advise Council of any changes to | the Food Safety Supervisor(s) including changes to their |
| contact details or when the person is no longer a Food Safet | |
| A copy of the Statement of Attainment for the relevant q Supervisor(s) is nominated. | ualification must also be attached, it a new Food Safety |
| The Food Safety Supervisor(s) have the authority to su | pervise and give directions about \Box Yes \Box No |
| matters relating to food safety to persons who handle food ir | n the food business |
| The Food Safety Supervisor(s) is reasonably available to food business is being carried on | be contacted by Council while the \Box Yes \Box No |
| - | |
| □ Nomination □ Amendment □ Cancellation | □ Nomination □ Amendment □ Cancellation |
| Food Safety Supervisor Name | Food Safety Supervisor Name |
| | |
| Postal Address | Postal Address |
| | |
| Suburb and Postcode | Suburb and Postcode |
| | |
| | |
| Contact Number(s) | Contact Number(s) |
| | |
| Email | Email |
| | |
| | |
| OFFICE USE ONLY | |
| Information Checked: Yes / No Licence No: | CSR No: |

 Date Received __/__/
 Doc No:
 Initials:

 File LE19.4.3 - Licensing Food Business - 19.6.4 - 3 years (after the refusal, expiry or cancellation of the licence)
 Application for Amendment of Food Business Licence Form February 2014 (Version 1.1)

Checklist

Use this checklist to ensure that you have provided all necessary documents for Council to assess and decide the application.

Food Safety Supervisor

Copy of the Statement of Attainment/s attached (if new nominated Food Safety Supervisor)

Declaration

I submit this Nomination or Amendment of Food Safety Supervisor(s) with the supporting documentation as required. I understand that it is an offence under section 267 and section 268 of the *Food Act 2006* to provide false or misleading information or documents. If the application is made by a corporation or incorporated association, the person signing the form must occupy a position which is legally entitled to make an application on behalf of the corporation or incorporated association.

| Signature of Licensee | Date |
|---|------|
| | |
| Name of Licensee (Individual, Partnership, Company) | |
| | |
| Name of Signatory (if Partnership or Company) | |
| | |
| Position of Signatory (if Partnership or Company) | |
| | |

Lodgement Options



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MAIL – Mail to Livingstone Shire Council PO Box 2292, Yeppoon QLD 4703

ONLINE SERVICES – Visit <u>www.livingstone.qld.gov.au/onlineservices</u> EMAIL: HealthAdministration@livingstone.qld.gov.au



IN PERSON – You can lodge this form at any of Council's Customer Service Centres:
 Yeppoon (Town Hall, 25 Normanby Street or Emu Park (Library), 7-9 Hill Street