

To: Chief Executive Officer, Fraser Coast Regional Council

Application for:	Request for Non-conformance Audit	<input type="checkbox"/>
Accreditation of Food Safety Program	<input type="checkbox"/>	Request for Audit by Council Auditor
Amendment to Food Safety Program (Minor)	<input type="checkbox"/>	Amendment to Food Safety Program (Other)
<small>e.g. business name change, change to contact details etc....</small>		<small>e.g. changes resulting from new, changed or modified food operations and/or documentation</small>

Section 1 – Applicant’s Details *(Please print)*

Applicant Name (Person/s or Company):	Date of Birth:
Director/s name <i>(if applicable)</i> :	Mobile:
ABN <i>(if applicable)</i> :	Telephone:
Email:	Facsimile:
Postal Address:	

Section 2 – Food Business Details *(Please print)*

Trading name:	
Address of food premises:	
Food Licence Number:	
Real property description: Lot no:	Registered plan no:
Contact name for this application:	
Telephone:	Mobile:
Facsimile:	Email:

Section 3 - Food Business Activities *(Please tick all relevant activities that require you to have an accredited Food Safety Program)*

CATERING	VULNERABLE POPULATIONS
Off-site catering <input type="checkbox"/>	Child Care facility <input type="checkbox"/>
On-site catering <input type="checkbox"/>	Aged Care Facility <input type="checkbox"/>
On-site catering in part of the premises <input type="checkbox"/>	Delivered meals to vulnerable persons <input type="checkbox"/>
(>199 people, 12 times or more per year) <input type="checkbox"/>	Private Hospital <input type="checkbox"/>
Voluntary submission of Food Safety Program <input type="checkbox"/>	

