

**Food Act 2006**

## Nomination or Amendment of Food Safety Supervisor

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

***Conditions may be imposed on the permit as considered appropriate by Council***

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

Nomination or Amendment                      Fee:    Nil

### Business Details

Details of the Food Business that is applying for a nomination or amendment of a Food Safety Supervisor/s

Business name		
Contact person		
Residential address		
Locality / Suburb	State	Postcode
Postal address		
Locality / Suburb	State	Postcode
Phone Number	Mobile Number	
Fax Number	Email	
<i>I consent to the making of this application for a nomination or amendment of the Food Business Licence's Food Safety Supervisor/s</i>		
Signature	Date	/ /

### Food Safety Supervisor/s

Under the Food Act 2006, all licenced food businesses must have a Food Safety Supervisor/s. The licensee is required to provide the details of the Food Safety Supervisor/s within 30 days of receiving the Food Business Licence.

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 Safety Supervisor within 14 days of the change.

A copy of the Statement of Attainment for the relevant qualification must also be attached, if a new Food Safety Supervisor/s is nominated.

**Applicant One**     Nomination                       Amendment                       Cancellation

Food Safety Supervisor Name		
Postal Address		
Locality / Suburb	State	Postcode
Phone Number	Mobile Number	
Fax Number	Email	

**Applicant Two**     Nomination                       Amendment                       Cancellation

Food Safety Supervisor Name		
Postal address		
Locality / Suburb	State	Postcode
Phone Number	Mobile Number	
Fax Number	Email	

### Checklist

An application for a nomination or amendment of Food Safety Supervisor must include:

- A Copy of the Statement of Attainment/s attached for each corresponding nominated Food Safety Supervisor(s)

### Declaration

**Applicant One**

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

Signature	Date	/	/
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**Applicant Two**

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

Signature	Date	/	/
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### Please note: This application MUST be lodged with your Council

**Office use only**

Date Received:	Application Checked: YES NO
Fee (\$):	Taken By:
Receipt No:	Other:
Subject: LE2.6	

**PRIVACY COLLECTION NOTICE:** THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE OF MAINTAINING COUNCIL'S LICENCE REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.