

PO Box 412 Biloela QLD 4715 • 62 Valentine Plains Road, Biloela Ph 07 4992 9500 • Fax 07 4992 3493

Email enquiries@banana.qld.gov.au Web: www.banana.qld.gov.au Version: 17 July 2019 DES-LI-01-012

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	NOMINATION OR AMENDMENT OF FOOD SAFETY SUPERVISOR				
	Food Act 2006				
	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				
BUSINESS DETAILS	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	No fee applies			
	Business name				
	Contact person				
Details of the Food Business	Residential address				
that is applying for a nomination or amendment of					
a Food Safety Supervisor/s	Locality / Suburb	State	Postcode		
	Postal address				
	Locality / Suburb	State	Postcode		
	Phone Number	Mobile Number			
	Fax Number	Email			
	I consent to the making of this applications and Licence's Food Safety Supervisor/s	ation for a nomination or ame	ndment of the Food Business		
	Signature	Date	/ /		
FOOD SAFETY					
FOOD SAFETY	Applicant One Nomination	Amendment	Cancellation		
FOOD SAFETY SUPERVISOR/S	Applicant One Nomination Food Safety Supervisor Name	Amendment	Cancellation		
	.,	Amendment	Cancellation		
SUPERVISOR/S Under the Food Act 2006, all	Food Safety Supervisor Name	Amendment	Cancellation		
SUPERVISOR/S Under the Food Act 2006, all licenced food businesses must have a Food Safety Supervisor/s. The licencee is required to provide the	Food Safety Supervisor Name	Amendment	Cancellation		
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DECLARATION	I declare the information provided in this application to be true and correct.					
APPLICANT ONE	Signature	Date	/	1		
	I declare the information provided in this application to be true and correct.					
APPLICANT TWO	Signature	Date	/	/		
	Please note: This application form must be completed and signed and lod Council along with the prescribed fee					
	Date Received:	Application Checked: YES NO				
OFFICE USE ONLY	Subject: FID2666	Taken By:				
		Other:				

Banana Shire Council is collecting your personal information to process your application. The information will not be disclosed to any other person or agency external to council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the Information Privacy Act 2009