Banana Shire Council
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 Website: www.banana.qld.gov.au
Version: 24 June 2026 DES-**LI-01-014**

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.

APPLICATION FOR ACCREDITATION / AMENDMENT OF A FOOD SAFETY PROGRAM

Food Act 2006

☐ Accreditation of food safety program	Application Fee only
☐ Amendment of food safety program	Application Fee only

Fees and charges are available on Council website at www.banana.qld.gov.au or by contacting Council's Customer Service Team on (07) 4992 9500.

LICENSEE / APPLICANT DETAILS

If applicant is a corporation, insert corporation name and ACN.

OR

If applicant is an individual/s insert details here

To be completed for all applications.

APPLICANT DETAILS – Corporation or Incorporated Association

Corporation or Association name

ACN or ABN

Company Director or committee name/s

Registered office address

Locality / Suburb

State Postcode

APPLICANT DETAILS – Individual

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other (specify)

Family name

Given names

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other (specify)

Family name

Given names

POSTAL ADDRESS

Address for delivery of correspondence associated with this licence.

Our preference is to deliver correspondence via email unless you advise otherwise

Postal address

Locality / Suburb

State Postcode

Phone number Mobile number

Email

☐ I would prefer correspondence to be delivered to my postal address ONLY

BUSINESS / TRADING DETAILS

Real Property Description – refer to Rates Notice.

Trading name

Lot no Reg plan no. Parish

Street address of business

Locality / Suburb

State Postcode

Phone number Mobile number

Email

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PREFERRED CONTACT PERSON To be completed for all applications.	Contact person	
	Position	
	Phone number	Mobile number
	Email	

PREMISES SECTOR Please tick where applicable	☐	Off-site caterer	☐	Aged care
	☐	On-site caterer	☐	Childcare
	☐	On-site caterer (part of premises only)	☐	Meal delivery organisation
	☐	Private hospital food service	☐	Voluntary submission

ATTACHMENTS

You must submit the following with your application:

☐ The relevant application / amendment fee

☐ A copy of the Food Safety Program / Amended Food Safety Program for your food business. If applying for an amendment, please clearly indicate what areas of the program have been amended.

☐ Written advice of an approved auditor about whether or not the auditor considers your food safety program complies with the criteria in Section 104 of the *Food Act 2006*. A list of approved auditors can be found at https://www.qld.gov.au/health/staying-healthy/food-pantry/food-safety-programs-and-auditors

Please note: This application form must be completed and signed and lodged with Council along with the prescribed fee.

DECLARATION **Applicant One**	*I declare the information provided in this application to be true and correct.*		
	Signature	Date	/ /
Applicant Two ***(if applicable)***	*I declare the information provided in this application to be true and correct.*		
	Signature	Date	/ /

OFFICE USE ONLY	Date Received	Application Checked YES NO
	Fee ($)	Taken By
	Receipt No	Other
	Subject FID2666	

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*