

Notification of Food Safety Supervisor

2024/2025 Financial Year - Food Act 2006

I / we apply for (please tick):

A new food business licence:

New food safety supervisor

An existing food business – licence number PH/FSDM/

Add additional food safety supervisor

Remove current food safety supervisor

Remove current food safety supervisor and add new food safety supervisor

Section 1 – Food Business Details

Important: Individual's full name or company name - We cannot accept a trading name or trust as the applicant.

Licensee name/s:			
Trading name:			
Site address:			Post code:
Postal address: (if applicable)			Post code:
ABN/ACN:			
Email:			
Business phone:		Mobile:	

Important: By providing your email you are agreeing to receive all correspondence electronically including licensing renewal information, letters, inspection reports, legal notices and other licensing-related information.

Section 2 – Food Safety Supervisor Details

Name:			
Email:			
Business phone:		Mobile:	

PRIVACY COLLECTION NOTICE: Council is collecting your personal information to be able to provide services and information in accordance with the Food Act 2006. It may be used to update records, contact you about Council business, including by mail, email or SMS and can only be accessed by Councillors, Employees and Authorised Contractors. To unsubscribe or opt out of electronic correspondence, please email your request to council@logan.qld.gov.au. All information is handled in accordance with Council's Privacy Policy and Procedure Visit: <https://www.logan.qld.gov.au/information-and-privacy/privacy>.

Name:			
Email:			
Business phone:		Mobile:	

Important: Category 1 and 2 food businesses must have a food safety supervisor trained by a registered training organisation. Refer to the [Which food category applies to my business?](#) section of our website for more information.

Food safety supervisor certificate attached

Section 3 – Amend Food Safety Supervisor Details

<input type="checkbox"/>	Person is no longer a food safety supervisor	Name:	
<input type="checkbox"/>	Person is no longer a food safety supervisor	Name:	

<input type="checkbox"/>	Amend food safety supervisor contact details		
Name:			
Email:			
Business phone:		Mobile:	

<input type="checkbox"/>	Amend food safety supervisor contact details		
Name:			
Email:			
Business phone:		Mobile:	

Certification	Applicant 1	Applicant 2
I am authorised to sign on behalf of the person (meaning a corporation or individual/s) and commit this person (meaning a corporation or individual/s) in all respects.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
The information supplied is correct to the best of my knowledge or that I could reasonably obtain.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
I advise Logan City Council of our food safety supervisor and their contact details in accordance with the <i>Food Act 2006</i> .	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
The nominated food safety supervisor(s) are reasonably available to be contacted by Logan City Council and food handlers while the food business is operating.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

I authorise the person nominated as the food safety supervisor to supervise and direct food handlers about matters relating to food safety.

YES
 NO
 N/A

YES
 NO
 N/A

Applicant 1	Applicant 2
Name in full:	Name in full:
Applicant signature:	Applicant signature:
Date:	Date:
Position:	Position:

NOTE: There is no cost to use this form.

NOTE: A licensee must always have a food safety supervisor for the food business.