

Use this form if you are requesting a Food Safety Rating Reassessment Audit to be conducted by Council. Incomplete forms will NOT be accepted.

A reassessment audit will be conducted only after a set time period has elapsed since the last primary audit as indicated below:

- 3 star rating or above can be reassessed after a six (6) month period
- 2 star rating or less can be reassessed after a three (3) month period.

BUSINESS DETAILS									
Current licence reference number									
Licensee name (individual or organisation)									
Business/Trading name									
PREMISES ADDRESS									
Note: the official address of location where the activity is carried out. The address is on the current licence for the activity.									
Property address									
Suburb					State/Territory		Postcode		
APPLICANT DETAILS (person requesting this Food Business Reassessment Audit)									
Title		Given name				Surname			
Residential address									
Suburb					State/Territory		Postcode		
Postal address (if different from above)									
Suburb					State/Territory		Postcode		
Home phone				Work phone			Mobile		
Email									
CONTACT DETAILS (if different from applicant)									
Title		Given name				Surname			
Home phone				Work phone			Mobile		
Email									

REVIEW REQUEST DETAILS

Provide details of any changes/improvements that have been made to the business since the last audit that would affect your food safety practices

LICENSEE AUTHORISATION (to be completed by Licensee)

I authorise an audit to be conducted on the premises/activity and understand that an audit report will be issued to the applicant.

Licensee name (individual or organisation)

Name of signatory (if operator is an organisation)

Position (Proprietor, Director, Manager)

Licensee signature

Date

/ /

APPLICANT AUTHORISATION

Applicant name

Applicant signature

Date

/ /

PAYMENT OPTIONS

For fees and charges please refer to ipswich.qld.gov.au/feesandcharges

Credit card type Visa Mastercard

Card number

Expiry date /

Cardholder name

Cardholder signature

Date

/ /

Amount authorised \$.

Cheque (make payable to Ipswich City Council), cash, money order or credit card

LODGEMENT Please lodge your completed application form to			
In person		Post to	Email
Ipswich City Council Customer Service Centre 143 Brisbane Street IPSWICH (top of the Ipswich City Mall)		Ipswich City Council PO Box 191 IPSWICH QLD 4305	council@ipswich.qld.gov.au
INTERNAL USE ONLY			
Prepayment allocation number		Amount paid	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Date paid	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Receipt number	

Ipswich City Council is collecting your personal information in accordance with Council's Local Laws and/or relevant legislations so that we can manage a variety of processes concerning the processing of this application. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to the Chief Executive Officer who may in turn make this information available to others in accordance with the Act or as required by law.