

Eat Safe

Assessment review / regrade request

Food Act 2006

Council of the City of Gold Coast
ABN 84 858 548 460
PO Box 5042 GCMC QLD 9726
P 1300 GOLDCOAST
E mail@goldcoast.qld.gov.au
W cityofgoldcoast.com.au

Licensee details			
Provide the licensee details of the food business this application relates to.			
Licensee name(s)			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Contact person details			
Provide details if contact person for approval is different from the licensee.			
Contact name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Minor regrade	
Provide details if you are requesting a minor regrade. Provide additional details as an attachment if required.	
Minor non-compliance	
Detail the action taken to rectify the non-compliance	
Date works completed	/ /
Evidence attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details of another minor non-compliance that has been rectified (if applicable)	
Minor non-compliance	
Detail the action taken to rectify the non-compliance	
Date works completed	/ /
Evidence attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details of another minor non-compliance that has been rectified (if applicable)	
Minor non-compliance	
Detail the action taken to rectify the non-compliance	
Date works completed	/ /
Evidence attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Good management practice	
Provide details of any good management practices (GMP) you have improved or implemented.	
Good management practice (GMP)	
Detail action taken to improve GMP	
Date works completed	/ /
Evidence attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details of another good management practice that has been implemented (if applicable).	
Good management practice (GMP)	
Detail action taken to improve GMP	
Date works completed	/ /
Evidence attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide details of another good management practice that has been implemented (if applicable)	
Good management practice (GMP)	
Detail action taken to improve GMP	
Date works completed	/ /
Evidence attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supporting information	
Supporting information is required to be submitted with this application, as indicated below and throughout this form. Failure to provide the required information may delay the processing of your application. Indicate below the supporting information you have attached to this application	
<input type="checkbox"/>	Evidence to support assessment review request
<input type="checkbox"/>	Evidence to demonstrate works completed (minor regrade)
<input type="checkbox"/>	Details of additional good management practices that have been improved or implemented
<input type="checkbox"/>	Evidence to demonstrate works completed (good management practice)

Fees		
Select the applicable fee below (select one box only).		
<input type="checkbox"/>	Minor regrade	\$413.00
<input type="checkbox"/>	Major regrade	\$636.00
<input type="checkbox"/>	Assessment review	\$413.00

These fees are in accordance with the City of Gold Coast's (City) regulatory fees and non-regulatory charges. A copy of our regulatory fees and non-regulatory charges can be found on our website, cityofgoldcoast.com.au.

Payment options (no cash transactions are available)

- MasterCard, Visa, debit card or cheque at any of the City's branch offices. Our branch office locations and operating hours can be found on our website cityofgoldcoast.com.au
- Cheque or money order – make payable to: Gold Coast City Council. Postal address at top right of first page. Please ensure that you provide adequate reference details or attachments to allow the cheque to be appropriately receipted.

Note: Please be advised that payments by credit card will incur a surcharge.

Declaration

This section must be completed by, or for each applicant. Where a person is signing on behalf of a corporation or person (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- I am duly authorised to make this application
- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorisations
- It is an offence to knowingly provide false or misleading information
- Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

Applicant one (person or organisation)

Licensee name			
Signature		Signatory name	
Date		Position/role	
Additional applicant (if required)			
Licensee name			
Signature		Signatory name	
Date		Position/role	

Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to cityofgoldcoast.com.au/privacy.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only

Date received		Fee paid	
Received by		Receipt number	