

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

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APPLICANT AUTHORISATION

Applicant name

Applicant signature

Date

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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			
In person:		Post to:	Email:
Ground Floor 1 Nicholas Street Ipswich QLD 4305	Or scan the QR code for all in person locations		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

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