



# Food Business Audit Review Request

Environmental Health

<b>Office Use Only</b>	
DART Inv no.	<input type="text"/>
DART Permit no.	<input type="text"/>

**This form must be completed and submitted to Council within five (5) business days from the date Council issues the audit result.**

**Incomplete forms will NOT be accepted.**

Use this form if you require a formal review of the rating results from a recent audit. You may make an application if you believe any of the following has occurred:

- An administrative error has been made in rating the premises.
- There is a difference of opinion with the level of non-compliance on a particular subject identified by the auditing officer.
- A detail has been overlooked by the auditing officer in assessing criteria in the audit proforma that affects the rating assigned to the business.

The written application must be made within five (5) business days from the audit and is available to all businesses. A desktop review will be conducted by a more senior officer than the officer who conducted the initial audit.

The formal review decision will either;

- a) confirm the original rating decision; or,
- b) require an additional audit; or
- c) substitute another rating for the original. The original rating decision would continue to apply until the formal review process is completed.

### Privacy Statement

The personal information collected on this form will be used by Brisbane City Council for the purposes of fulfilling your request and undertaking associated Council functions and services. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law.

**1** What is the current licence/permit reference number?

Licensee/permit holder name (individual or organisation)

Business trading name

**2** Premises address

(The official address of location where the activity is carried out. The address is on the current licence for the activity.)

  
  


Postcode

**3** Applicant's name (person requesting this audit review)

Mr  Mrs  Miss  Ms  Other

Last/Family name

First/Given name(s)

**4** Applicant's address

  
  


Postcode

**5** Business hours contact details

Phone number

Fax number

Mobile number

E-mail address

**6** Briefly describe the matter to be reviewed and your desired outcome (e.g. I received a 2 star rating and I believe it should be 3 stars.)

