

Application for Notification/ Registration of Food Business

For Residential Food Businesses

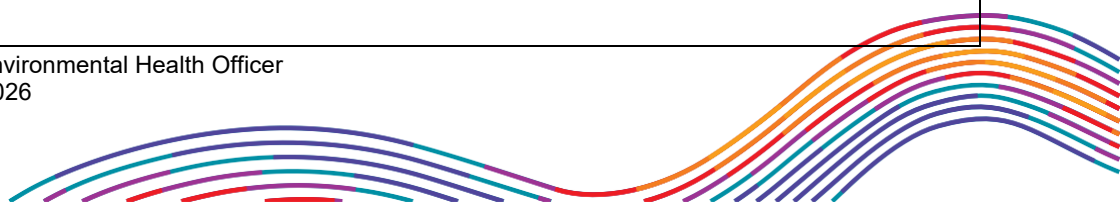
For helpful information on starting your residential home food based business please visit our [webpage for guidelines](#) to assist you to complete this form

Section 1. Food Business and Proprietor's Details

Trading Name:	
Company Name:	
ABN:	
Proprietor's Full Name: <i>(the Proprietor is the person who conducts or is in charge of the food business)</i>	
Address of Residential Food Business:	
Postal Address:	
Phone:	
Mobile:	Email:

Section 2. Details of the Residence

Are you the owner or tenant of the residence?		Owner	Tenant
If you are a tenant, have you obtained permission from the owner of the property?			
Yes		No	
If <u>yes</u> , please provide owner's details:			
Owner's Full Name:		Contact Phone No.:	
In addition, on page 4 please provide documentation to support approval to operate a residential food business signed by the owner of the residence.			
If <u>no</u> is selected, you cannot apply for notification/ registration of residential food business.			
How many staff/food handlers will be at the residence:			
Are there any staff/food handlers who are not members of your household?		Yes	No
If <u>yes</u> , how many staff/food handlers are not members of your household?			
How often will clients or customers be visiting the residence?			
Do you have any children who live at the residence?		Yes	No
If yes, please describe how you will be able to prevent your children from entering the food preparation or food handling activities area?			



Do you keep pets or allow any pets/ animals inside the residence?

Yes

No pets kept

Pets/ animals kept outside the house only

If yes, please describe how you will be able to prevent the pet from entering the food preparation or food handling activities area?

Section 3. Description of Use of Premises

Please tick **all** boxes that apply (*there may be more than one*)

Food Manufacturer/processor

Packer

Food Retailer

Storage

Food Service

Transport

Distributor/importer

Charitable or community organisation

Family Day Care

Other:

If Other please provide more details about your business:

Do you provide, produce or manufacture any of the following foods or goods?

Please tick **all** boxes that apply

Prepared, ready to eat¹ table meals

Cakes, biscuits, flours that contain potentially hazardous food² such as cream

Meat products, poultry or seafood

Sandwiches or rolls

Raw or processed fruits and vegetables

Cakes, biscuits, flours that do not contain potentially hazardous food² such as cream

Pickled Onions

Cake decorating

Jams

Repackaging of low risk confectionary

Chutneys, relishes and sauces with pH less than 4.5

Other:

¹ 'Ready to eat' means food that is ordinarily consumed in the same state as in which it is sold

² 'Potentially hazardous food' means food that has to be kept at certain temperatures to minimise the growth of any pathogenic micro-organisms that maybe present in the food or to prevent the formation of toxins in the food. Examples include dairy products and processed foods containing egg, beans and nuts etc.

NOTE: We collect your personal information to process your request in accordance with the standards set out in the Privacy and Responsible Information Sharing Act 2024 (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle your personal information, please visit our privacy page.



Nature of food business

	Yes	No
Is the food that you provide, produce or manufacture ready-to-eat when sold to the customer?		
Do you process the food that you produce or provide before sale or distribution?		
Do you sell ready-to-eat food at a different location from where it is prepared?		

³ Is a person who is in care in a facility listed in Schedule of *Standard 3.3.1 Australia New Zealand Food Standards Code* or a client of a delivered meal organisation. Examples include (but are not limited to) aged care recipients, hospital patients, children in child care, respite patients, nursing home residents.

⁴ Shelf stable foods are non-perishable food with a shelf life of many months to years

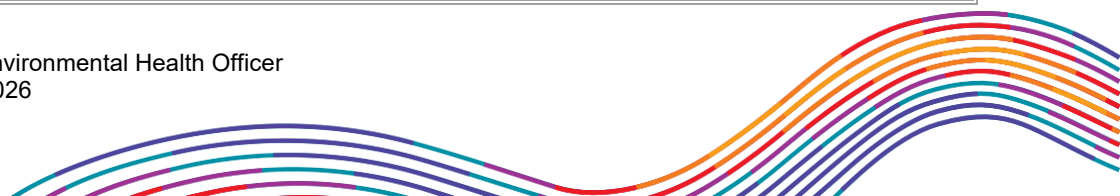
Section 4. Attachments

PLEASE NOTE: The following 10 information items must be provided in writing with this application, or it may not be processed.

Click on the paperclip next to each requirement, to attach documentation.

Once attached click on the **View Attachment** icon at the bottom on page to view the attachments linked to this form.

	1. Do you have previous experience in operating a food business? YES NO Additional Information:
	2. i) Have you undertaken a Foodsafe Program, I'm Alert Online Food Safety Training or other food handling training programs and attached the certificate? YES NO
	ii) Will undertake a Foodsafe Program or I'm Alert Online Food Safety Training (Available online at http://www.melvillecity.imalert.com.au) YES NO
	3. Details of previous (if any) prosecutions under the Health Act or Food Act.
	4. Letter of approval to operate a residential food business signed by the owner of the residence



	5. Full recipe including ingredient list of all products you wish to manufacture and quantity of each ingredient
	6. Food labels for the packaged food products
	7. Details of food preparation, manufacturing, storage, packaging and transport processes including: i) preparation process ii) cooking time (expressed in minutes) for each cooking step in the recipe; iii) cooking temperature (expressed in °C degrees) for each cooking step in the recipe); iv) storage condition of raw ingredients v) storage condition of finished product to prevent contamination vi) type of packaging materials used vii) transport vehicle (if applicable)
	8. Proof of how the shelf-life (i.e. use-by date or best-before date) was determined or pH and water activity testing. E.g. certificate from analyst
	9. Food recall plan
	10. Copy of house plans indicating areas used for food preparation, processing, storage, packaging, refuse storage and any other activities associated.



Click icon to **View Attachments** linked to this document.

Please note that additional information may be requested by the City of Melville Health Services to allow for a complete risk assessment.

Declaration: I, _____ (name of the proprietor) making this application, declare that the information contained in this application is true and correct in every particular.

Signature of proprietor: _____

Date: _____

Your notification will be assessed by our Health Services and additional fees may apply prior to issue of approval.

