**Application forNotification/Registration of Food Business**

**For Fixed Food Business or Mobile/Temporary Food Premises**

For helpful information on for your food business please visit our [webpage for guidelines](https://www.melvillecity.com.au/our-city/business-hub/operating-a-business/food-or-drink-business) to assist you to complete this form.

**Section 1. Food Business Details**

|  |  |
| --- | --- |
| Trading Name: | |
| Company Name: | |
| ABN:(If applicable) | |
| If food business was previously registered,  please provide name of existing business: | |
| Address of Premises: | |
| Postal Address: | |
| Phone: | |
| Email: | Mobile: |

**Section 2. Proprietor’s Details**

*(the Proprietor is the person who conducts or is in charge of the food business)*

|  |  |
| --- | --- |
| Proprietor’s Full Name (person’s name): | |
| Proprietor’s Residential Address: | |
| Phone: | Mobile: |
| Email: | |

**Section 3. Description of Use of Premises**

**(A) Type of business** (Tick all that apply)

Manfacturer/processor  Hotel/Motel/Guesthouse

Retailer  Pub/Tavern

Food Service  Supermarket

Distributor/importer  Canteen/Kitchen

Packer  Childcare Centre

Storage  Family Day Centre

Transport  Aged Care Facility/Hospital

Restaurant/Café snack  Home Delivery

Bar/ Takeaway Cater  Charitable or community organisation

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Tick all that apply)

Prepared, ready to eat table meals  Juices

Frozen meals  Confectionary

Raw meat,poultry or seafood  Bread, pastries or cakes

Processed meat,poultry or seafood  Egg or egg products

Fermented meat products  Dairy products

Meat pies, sausage rolls or hot dogs  Beverage and drinks

Sandwiches or rolls  Prepared salads

Processed2 fruit and vegetables  Liquor and liquor products

Infant or baby foods  Tobacco and tobacco products

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2 ‘Process’ means activity conducted to prepare food for sale; including chopping, cooking, drying, fermenting, heating, pasteurising, or a combination or these

|  |  |  |
| --- | --- | --- |
| **C. Nature of food business** | **Yes** | **No** |
| Are you a small business3? |  |  |
| 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 directly supply or manufacturer food for organisations that cater to vulnerable persons4? |  |  |
| **To be answered by manufacturing/processing businesses only:** | | |
| Do you manufacture or produce products that are not shelf stable**5**? |  |  |
| Do you manufacture or produce fermented meat products such as salami? |  |  |
| **To be answered by food service and retail businesses only (including charitable and community organisations, market stalls and temporary food premises):** | | |
| Do you sell ready-to-eat food at a different location from where it is prepared? |  |  |

3 Is a business that employs less than 50 people in the ‘manufacturing sector’ or less than 10 people in the ‘food services’ sector

4 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.

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

**Section 4. Floor Plan Layout**

**Are you building/fitting out a new food business?** YES  NO

**Are you making structural alterations or changes to the layout of the existing food business?**

YES  NO

If YES, please provide a copy of the floor plan

**Section 5A.For Mobile Food Business/ Food Trucks/ Itinerant Food Van Only**

**For temporary food businesses/food stall, please complete Section 5B.**

|  |
| --- |
| Address of Premises:  (please provide details of where the vehicle is garaged) |
| Details of mobile food vehicle  Make: \_\_\_\_\_\_\_\_\_\_\_Model: \_\_\_\_\_\_\_\_\_\_\_Vehicle registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Details of copy of Public Liability Insurance (Please email a copy of certificate currency): |

**Section 5B. For Temporary Food Business/ Food Stalls Only**

|  |
| --- |
| Address of Premises:  (Please provide details of where the fixture, fittings and equipment is garaged/stored) |
| Covered with marquee/ tent (please indicate size of the marquee/ tent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Inside a building Uncovered Other |
| Type of floor covering (if on unsealed ground): |
| Details of copy of Public Liability Insurance: (please email a copy of certificate currency) |

**Section 6. Additional Information**

1. Do you have previous experience in operating a food business? YES  NO
2. i) Have you undertaken a Foodsafe Program, I’m Alert Online Food Safety Training or other food handling training programs? YES  NO

Email certificate of participation and/ or accreditation; or

ii) If No, will undertake a Foodsafe Program or I’m Alert Online Food Safety Training (Available online at <http://www.melvillecity.imalert.com.au> )

1. Email in details of previous (if any) prosecutions under the Health Act or Food Act.

Your application will be assessed by the City of Melville Health Services and additional fees may apply prior to issue of approval.

**Declaration:** I, (add name of the proprietor) making this application declare that the information contained in this application is true and correct in every particular on behalf of (add organisation name of food business).

**Signature of proprietor: Date:**

**Please provide this signed and completed form along with the supporting documentation in email to** [**health.admin@melville.wa.gov.au**](mailto:health.admin@melville.wa.gov.au)