**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](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 and Proprietor’s Details**

|  |  |
| --- | --- |
| Trading Name: | |
| Company Name: | |
| ABN: (if applicable) | |
| Proprietor’s Full Name: *(the Proprietor is the person who conducts or is in charge of the food business)* | |
| 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 yes, 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 no 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 yes, 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**

Food Manufacturer/processor  Packer

Food Retailer  Storage

Food Service  Transport

Distributor/importer  Charitable or community organistion

Family Daycare  Other:

If other please provide more details about your business:

Prepared, ready to eat1 table meals  Cakes, biscuits, flours that **contain** potentially

Meat products, poultry or seafood hazardous food2 such as cream

Sandwiches or rolls Cakes, biscuits, flours that **do not contain** potentially

Raw or processed fruits & vegetables hazardous food2 such as cream

Pickled Onions  Repackaging of low risk confectionary

Cake Decorating  Other:

Jams

Chutneys,relishes and sauces with

pH less than 4.5

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

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

Please tick **all** boxes that apply

‘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.

**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? |  |  |

**Section 4. Attachments**

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

|  |
| --- |
| 1. Do you have previous experience in operating a food business?   YES  NO  Additional Information: |
| 1. 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:   1. preparation process 2. cooking time (expressed in minutes) for each cooking step in the recipe; 3. cooking temperature (expressed in °C degrees) for each cooking step in the recipe); 4. storage condition of raw ingredients 5. storage condition of finished product to prevent contamination 6. type of packaging materials used 7. 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. |

Please note that additional information may be requested by the City of Melville Health Services to allow for a complete risk assessment. Your notification will be assessed by our Health Services and additional fees may apply prior to issue of approval.

**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:**

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