

Application for Notification/ Registration of Food Business For Residential Food Businesses

Section 1. Food Business and Proprietor's Details

Trading Name:			
Business Name:			ABN:
Proprietor's Full Name (person's name): <i>(the Proprietor is the person who conducts or is in charge of the food business)</i>			
Address of Residential Food Business:	Unit no.	Street no.	
	Street name	Suburb	Postcode
Postal Address:			
Phone:		Fax:	
Mobile:		Email:	
Primary language spoken:		Number of equivalent full time staff:	

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, please provide a letter of approval to operate a residential food business signed by the owner of the residence

If no, you cannot apply for notification/ registration of residential food business

Please indicate the number of staff or food handlers at the residence _____

Are there any staff or food handlers who not members of your household? Yes No

If yes, how many staff or 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. Hours of Operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday		Public Holidays	

Section 4. Potable Water Supply

Scheme water Rainwater tank Bore water Other _____

Section 5. Description of Use of Premises

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

- | | |
|--|---|
| <input type="checkbox"/> Food Manufacturer/processor | <input type="checkbox"/> Packer |
| <input type="checkbox"/> Food Retailer | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Distributor/importer | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Other _____ |

Please provide more details about your business

(For example: Where the food will be sold (e.g. deli, school etc). If business is a catering business, please provide maximum patrons estimate.)

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

Please tick **all** boxes that apply

- | | |
|--|---|
| <input type="checkbox"/> Prepared, ready to eat ¹ table meals | <input type="checkbox"/> Cakes, biscuits, flours that <u>contain</u> potentially hazardous food ² such as cream |
| <input type="checkbox"/> Meat products, poultry or seafood | <input type="checkbox"/> Cakes, biscuits, flours that <u>do not contain</u> potentially hazardous food ² such as cream |
| <input type="checkbox"/> Sandwiches or rolls | <input type="checkbox"/> Repackaging of low risk confectionary |
| <input type="checkbox"/> Raw or processed fruits and vegetables | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pickled Onions | |
| <input type="checkbox"/> Cake decorating | |
| <input type="checkbox"/> Jams | |
| <input type="checkbox"/> Chutneys, relishes and sauces with pH less than 4.5 | |

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 minimize 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 directly supply or manufacturer food for organisations that cater to vulnerable persons ³ ?		
To be answered by manufacturing/processing businesses only:		
Do you manufacture or produce products that are not shelf stable ⁴ ?		
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 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

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

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
(Attach certificate of participation and/ or accreditation); or
ii) Will undertake a Foodsafe Program or I'm Alert Online Food Safety Training
(Available online at <http://www.melvillecity.imalert.com.au>)
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
E.g. certificate from analyst
9. Food recall plan
10. Copy of house plans including floor plans and elevations indicating areas used for food preparation, processing, storage, packaging, refuse storage and any other activities associated with the food business. Submit in A3 hard copy or electronically on CD.

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 the City of Melville Health Services and a risk classification assigned to the food business. Additional registration and surveillance fees may be requested in writing according to the risk rating assigned to the food business prior to the issue of a verification of notification or certification of registration. A special discretionary fee maybe applicable for a low volume residential food business.

OFFICE USE

Health Application Number: _____

CS/CA Officer: _____

Residential Food Business Fees (all fees applicable as indicated below):

Note: Fee Increases may apply 1 July each financial year

Registration Fee	\$55
and Initial Assessment Fee	\$120