**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**