

Authority Register No.: \_\_\_\_\_ (FP1)

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

\* Please allow 10 business days processing time

Section 1. Food Business and Proprietor's Details			
Organisation Name:	ABN/ACN:		
Trading Name:			
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	Unit no.	Street no.	
Food Business:	Street name	Suburb	Postcode
Postal Address:			
Phone:		Mobile:	
Fax:		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 <input type="checkbox"/> Tenant <input type="checkbox"/>
If you are a tenant, have you obtained permission from the owner of the property? Yes <input type="checkbox"/> No <input type="checkbox"/>
If <u>yes</u> , 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 <u>no</u> , you cannot apply for notification/registration of a residential food business.
Please indicate the number of staff or food handlers at the residence: _____
Are there any staff or food handlers who are not members of your household? Yes <input type="checkbox"/> No <input type="checkbox"/>
If <u>yes</u> , how many staff or food handlers are not members of your household?: _____
How often will clients or customers be visiting the residence?
How often will you be preparing food for sale at the residence?
Do you have any children who live at the residence?      Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/>
Pets/animals kept outside the house only <input type="checkbox"/>
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

#### Type of business

(Please rate the top three activities carried on the premise, where 1 = main activity)

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturer/processor | <input type="checkbox"/> Caterer                              |
| <input type="checkbox"/> Retailer               | <input type="checkbox"/> Hotel/motel/guesthouse               |
| <input type="checkbox"/> Food Service           | <input type="checkbox"/> Pub/tavern                           |
| <input type="checkbox"/> Distributor/importer   | <input type="checkbox"/> Home delivery                        |
| <input type="checkbox"/> Packer                 | <input type="checkbox"/> Charitable or community organisation |
| <input type="checkbox"/> Storage                | <input type="checkbox"/> Snack/takeaway                       |
| <input type="checkbox"/> Transport              | <input type="checkbox"/> Canteen/kitchen                      |
| <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?

**ONLY low risk food production will be considered suitable for residential premise.**

Please tick **all** boxes that apply

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

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

<sup>2</sup> '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 directly supply or manufacturer food for organisations that cater to vulnerable persons <sup>3</sup> ?		

**To be answered by manufacturing/processing businesses only:**

Do you manufacture or produce products that are not shelf stable <sup>4</sup> ?		
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?		
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<sup>3</sup> 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.

<sup>4</sup> Non-perishable food with a shelf life of many months to years

**Section 6. Proposed Method of Sale**

**Please describe how you are intending to sell your food products?** e.g. Market stalls, customers pick up from residence, online sale, delivery, display on shelves at other food businesses etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1. Proof of ability to operate a Food Business attached   
(Attach a statement of previous experience in operating food businesses)
2. i) Have undertaken the 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 the FoodSafe Program or I'm Alert Online Food Safety Training (Available online at <http://www.kwinana.imalert.com.au>)
3. Letter of approval to operate a residential food business signed by the owner of the residence
4. Full recipe including ingredient list of all products you wish to manufacture and quantity of each ingredient.
5. Food labels for the packaged food products including name and description of product, business address, weight, country of origin, ingredients listing, percentage labelling, allergen declaration, characterising ingredients, nutrition information panel, country of origin, storage requirements, health claims, date marking, lot identification/ food recall identification.

6. 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; and
  - vii) transport vehicle and processes (if applicable).
7. Proof of how use by date or best before date was determined for packaged food products e.g. Certificate from NATA accredited laboratory analyst through challenge or shelf life testing, pH and/ or water activity testing, yeast, mould and microbiological analysis
8. Food recall plan (see: <http://www.foodstandards.gov.au/industry/foodrecalls/Pages/default.aspx>)
9. Rural properties to demonstrate potability of water supply e.g. Certificate to demonstrate that water used for activities conducted on the food premises comply with NHMRC Australian Drinking Water Guidelines 2011.
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 City of Kwinana Environmental Health Services to allow for a complete risk assessment.**

**Fees: Fee increases may apply 1 July each financial year.**  
See schedule of fees attached.

**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 City of Kwinana Environmental 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 may be applicable for a low volume residential food business.**