



## **RESIDENTIAL FOOD BUSINESS**

## APPLICATION TO PREPARE AND SELL FOOD FROM RESIDENTIAL PREMISES

Proprietor Details:					
Proprietor Name:					
Residential Address:					
Postal Address:					
ABN:					
Phone:	Mob:		Fax:		
Email:					
Primary language spoken:					
Details of Home Occupation:					
Describe any proposed alterations to the residence:					
Attach a plan of the residence, clearly indicating all areas that will be utilised for the food preparation,					
production, storage, processing or other uses associated with the business (eg office areas). A					
separate Building Licence may be re	equired prior to alter	ations to the i	residence being und	lertaken.	
How often will clients or customer	rs be visiting the s	te?			
Number of equivalent full time sta	aff:				
Are any of these staff <u>not</u> members of your household?: please circle Yes / No					
Which category best describes your proposed home business:					
☐ Food manufacture/processin	g □	Food Trans	oort		
□ Food packaging		Caterer			
□ Distributor		Charitable of	or community orga	nisation	
□ Family day care		Other			
□ Storage					
Please note, if your proposed busine	ess:				
<ul> <li>will utilise areas additional to</li> </ul>	the kitchen area; a	nd/or			
<ul> <li>will employ people that are not members of the occupier's household; and/or</li> </ul>					
<ul> <li>will require deliveries or clients/customers visiting the residence; and/or</li> </ul>					
<ul> <li>requires any form of external</li> </ul>	I change to the appe	earance of the	residence;		
it may be necessary for you to obta	in a separate appro	val to operate	e a home occupatio	n or business	
from the City's Planning Services. The City of Cockburn's Planning Services may be contacted					
for further information on these requ	irements on 9411	3444 during c	ffice hours.		

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Details of Food Handling Activities:					
Category of food product being produced:					
☐ Food for farm stay or home stay accommodation					
Food produced for community or charitable purposes					
Cakes, biscuits, flour products that do not contain potentially hazardous food such as					
cream					
☐ Cake decorating					
□ Jams					
□ Pickled Onions					
□ Chutneys, relishes and sauces with a pH less than 4.5					
Repackaging of low risk confectionary products					
1 Other					
Your application must be accompanied by full recipe d	etails for all of the foods to be				
prepared or manufactured.					
Please ensure that you include the following:					
A full ingredient list of all products you wish to manufacture.					
2. Manufacturing process—details of each cooking	, , ,				
expressed in minutes, temperature used expressed in degrees Celsius).					
3. Details of storage conditions for raw ingredients and finished product to prevent					
contamination.  4. A copy of the label (if required) for the product, compliant with the Australia New					
	ompliant with the Australia New				
Zealand Food Standards Code.	modically vacult in an annual of				
Please note that submitting this application does not auto					
An assessment of the proposed food handling activity will be conducted. Certain food handling					
activities may not be permitted within a residential home, or	in the primary residential kitchen.				
Declaration:					
I, the person making this application declare that:  Contact City Health Serv					
this Application Form is accompanied by all relevant	9 Coleville Crescent, Spearwood				
PO Box 1215 BIBRA LAKE DC WA 6					
prepared;	Ph: (08) 9411 3589 Fax: (08) 9411 333 E-mail: <a href="mailto:health@cockburn.wa.gov.au">health@cockburn.wa.gov.au</a>				
I have attached a plan of the house indicating areas  used by the food by single including affice areas.					
used by the food business, including office space;	nd correct in according to the				
the information contained in this application is true as	nd correct in every particular.				
Signature of applicant:					
In the case of a company, the sig	gning officer must state position in the compar				

IF YOU DO NOT INCLUDE ALL REQUIRED SUPPORTING INFORMATION, ASSESSMENT OF YOUR APPLICATION MAY BE DELAYED.

Date: