# New Home Kitchen Business Proposal

Please complete the following pages and submit to the Health Services Unit.

Contact Details

|  |  |
| --- | --- |
| Proprietors Name (company, partnership, or individual): | Click or tap here to enter text. |
|  |  |
| Trading Name: | Click or tap here to enter text. |
|  |  |
| Contact Person: | Click or tap here to enter text. |
|  |  |
| Food Safety Supervisor (Class 2): | Click or tap here to enter text. |
|  |  |
| Premises Address: | Click or tap here to enter text. |
|  |  |
| Mobile: | Click or tap here to enter text. |
|  |  |
| Email: | Click or tap here to enter text. |
|  |  |
| Instagram/Facebook/Website: | Click or tap here to enter text. |
|  |  |
|  |  |  |  |

Your Business

What type of food will you be preparing / selling?

|  |
| --- |
| Click or tap here to enter text. |

How often will you be operating?  (Examples: number of days, hours per day)

|  |
| --- |
| Click or tap here to enter text. |

How will you sell the food? (Examples: online, phone orders, at farmers markets)

|  |
| --- |
| Click or tap here to enter text. |

How will you provide the food to your customers? (Examples: home delivery, pick up, delivery service, post, sold to retail outlets).

|  |
| --- |
| Click or tap here to enter text. |

How will you package the food?

|  |
| --- |
| Click or tap here to enter text. |

Will the food be provided to customers hot, cold or ambient?

|  |
| --- |
| Click or tap here to enter text. |

How will you manage temperature control of the food during transport? (if applicable)

|  |
| --- |
| Click or tap here to enter text. |

Do you make any allergy free claims for your products?

|  |
| --- |
| Click or tap here to enter text. |

How will you make your customers aware of allergens in your products?

|  |
| --- |
| Click or tap here to enter text. |

Who lives at the property?

|  |
| --- |
| Click or tap here to enter text. |

What pets are there at the property?

|  |
| --- |
| Click or tap here to enter text. |

Are pets excluded from the kitchen and food storage areas?

|  |
| --- |
| Click or tap here to enter text. |

How many staff (if any) do you have if any?

|  |
| --- |
| Click or tap here to enter text. |

Hand Wash Basin

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I will allocate one bowl of the double bowl sink located in the kitchen for the sole purpose of hand washing during business operations and have a supply of liquid hand soap and paper towel available.

Photos

Please provide photos of the space(s) you propose to use showing:

* Whole of kitchen
* Sinks and dishwasher
* Floor
* Benches for food preparation
* Storage of dry goods
* Storage of high-risk foods that require refrigeration
* Any specialised equipment that will be used

Please also include photos of your finished products.

Ingredient List

Please attach a list of ingredients for each of your products / menu items.

Questions

If you have any questions, please contact the Health Services Unit at healthservicesunit@portphillip.vic.gov.au or call us on 9209 6292.

### EHO Assessment – For internal use only

|  |  |
| --- | --- |
| Classification | [ ]  Class 2 [ ]  Class 3  |
| Labelling required | [ ]  Yes [ ]  No  |
| Discussed FSP and FSS requirements – Class 2 | [ ]  Yes [ ]  No  |
| Streatrader application required | [ ]  Yes [ ]  No  |
| Application suitable for final inspection | [ ]  Yes [ ]  No  |
| Date/Time of final inspection |  |