

Mail completed application and make check payable to:

ADLM Counties Environmental Public Health 12307 Highway 5, P.O. Box 399 Moravia, IA 52571 641-724-3511

HOME FOOD PROCESSING LICENSE APPLICATION

"*Home Food Processing Establishment*" means a business on the premises of a residence in which prepared homemade food items are produced for sale or resale, for consumption off the premises, if the business has gross annual sales of less than fifty thousand dollars. However, "home food processing establishment" does not include a residence in which food is prepared to be used or sold by churches, fraternal societies, charitable organizations, or civic organizations.

"*Homemade food item*" means a food that is produced and, if packaged, packaged in a home food processing establishment. Homemade food item includes food that is not time/temperature control for safety food, but does not include such food if produced and sold under section 137F.20.

Establishment Information

Name of Establishment:			Owne	ership Type:	
Owner's Name:		Business Phone Number:			
Alternative or Cell Phone		Business E-mail	Address	:	
Physical Business Address:				Suite#	County:
City:			State:	Iowa	Zip Code:
Person-In Charge (on-site)		Title of Person-I	n-Charge	;	
Person-In-Charge Phone		- Person-In-Charg	ge Email		
Secondary Person in Charge		Title of Second	lary Pers	son in Charge	
Mailing address for all correspondence	e, if different than above:				
Attn:		Telephone Numł	ber:	()	
Street or Route:	Suite#	_City:		State:	Zipcode:

License Fee: \$50.00

Applicant Name (Print):	Applicant Signatur	e:			
DO NOT COMPLETE INFORMATION BELOW - FOR OFFICE USE ONLY					
Check #	Check Date	Amount Received			
Check Name	Penalty Amount	Amount Due			

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED YOU MUST COMPLETE PAGE TWO

34.2(2) *Homemade food item disclosure.* Homemade food items not listed on the application shall not be sold or distributed. New homemade food items may be added to an application at any time using the online application system or by submission of a paper form to the department.

Name of Product	Refrigerated for Safety (Yes/No)	Method of Sale (Direct to Consumer, through another business, or both)	Method of Packaging (Bagged, Bottled, Canned, Cartoned, Wrapped)
Example: Lasagna	Yes	Direct to Consumer	Wrapped
1 0			