Mail completed application and make check payable to: Iowa Department of Inspections, Appeals, & Licensing Food Safety Bureau 6200 Park Ave., Ste 100

> Des Moines, Iowa 50321 Telephone: 515-725-5342

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:Owner's Name:			Ownership Type	
Owner's Name.			Business Phone Numb	er:
Alternative or Cell Phone:				
Physical Business Address:			State: Iowa	_
City:			State. Iowa	Zip Code:
Person-In Charge (on-site)		Title of Person	n-In-Charge ———	
Person-In-Charge Phone		Person-In-Ch	arge Email	
Secondary Person in Charge	Title of Secondary Person in Charge			
Mailing address for all correspondence	re, if different than abo	ve:		
Attn:	Telephone Number: ()			
Street or Route:	Suite#	City:	State:	Zipcode:
Applicant Name (Print):		se Fee: \$50.0		
			W - FOR OFFICE U	
Check #	Check Date		Amount Rece	
Check Name			Amount Due	

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

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
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