

APPLICATION FOR HOME-BASED PROCESSOR REGISTRATION

1

Action	
New	N
Change	C
Deleted	D
Reactivate	R

2

Est. No.				

3

Status	
Active	A
Inactive	I
Hold	H
No. App.	N
Suspended	S

4

County		

5

Home County			
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6

Sanitarian				

7

Insp. Intvl.		

8

Type of Est.		

9

Program		

10

**ITEMS 10 & 11 TO BE COMPLETED BY THE FARMER
 (PLEASE PRINT)**

A. Physical Address of farmland on which primary food ingredient(s) is grown:

 Farm Name Street/Hwy Rural Route Number City State Zip

Number of acres at above address owned or leased: _____

If above farmland is leased, Name, Mailing Address and Telephone Number of property owner:

 Name Street Address City State Zip Phone Number

B. Name and physical address of farmer's primary residence:

 Name Street Address City State Zip

(Please Check One)

Sewage: Public Private If private, is system functioning properly? Yes No

Water: Public Private If private, is verification of water source approval attached? Yes No

C. Farmer's Name, Mailing Address and Telephone Number:

 Farmer's Name Mailing Address City State Zip Phone Number

NOTE: INCOMPLETE APPLICATIONS WILL RESULT IN DELAY OF REGISTRATION.

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I attest that the information provided in this application is true and accurate and all home-based processing will be in compliance with 902 KAR 45:090.

Applicant Name (Please Print) _____ Applicant Signature _____ Date _____

Prohibited Products: Potentially hazardous foods, including but not limited to crème filled pies, custard, custard pies, pies with meringue topping, cheesecake, cream, custard and meringue pastries, raw seed sprouts, and garlic-in-oil mixtures. Foods vacuum-packaged in containers other than mason-type glass jars. Canned, pureed baby foods are prohibited.

New or Additional Plumbing Construction Approval

By _____
 Plumbing Inspector Date

 Health Authority Date