



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

APPLICATION FOR HOME-BASED MICROPROCESSOR CERTIFICATION

CERTIFICATION FEE: \$50.00 DATE PAID: _____ <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER CHECK/M.O #: _____	EST. TYPE: 611/30	EST. NO.: _____ COUNTY: _____ REGION: _____	PLEASE RETURN THIS FORM TO: KY FOOD SAFETY BRANCH 275 EAST MAIN STREET, HS1C-F FRANKFORT, KY 40621
--	-----------------------------	---	--

Applicant please complete items 1- 6

1. APPLICANT INFORMATION APPLICANT/OWNER NAME: _____ PRIMARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/> SECONDARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/> EMAIL ADDRESS: _____	MAILING ADDRESS: Street: _____ City: _____ State: _____ Zip: _____
--	--

2. FARMLAND ON WHICH PRIMARY FOOD INGREDIENT(S) GROWN: Address: _____ Farm Name: _____ Street/Hwy: _____ Rural Route Number: _____ City: _____ State: _____ Zip: _____ Number of acres at above address: _____	IF farmland is leased, provide property owner information: Property Owner Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Property Owner Phone Number: _____
---	---

3. FARMER'S PRIMARY RESIDENCE OR CERTIFIED KITCHEN WHERE PRODUCTS ARE PROCESSED: Address: _____ Name: _____ Street: _____ City: _____ State: _____ Zip: _____ GPS coordinates, if known: Lat: _____ Long: _____	Sewage and Water (please check one): WATER: <input type="checkbox"/> Public <input type="checkbox"/> Private SEWAGE: <input type="checkbox"/> Public <input type="checkbox"/> Private If sewage private, is system functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

4. LIST FOOD PRODUCTS TO BE PRODUCED: _____ _____ _____ 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.

5. CHECKLIST OF DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION: <input type="checkbox"/> Written agreement from owner to use certified kitchen (if applicable) <input type="checkbox"/> Verification of water source (copy of public water bill or Division of Water approval) <input type="checkbox"/> Verification of Processing Authority review for each food item/ recipe <input type="checkbox"/> Verification of attendance and successful completion of approved processing school <input type="checkbox"/> Copies of draft food product labels for each Microprocessed food
--

NOTE: APPLICATIONS FOR MICROPROCESSOR CERTIFICATION WHICH LACK THE ABOVE INFORMATION WILL RESULT IN CERTIFICATION DELAY.

6. I attest that the information provided in this application is true and accurate and all home-based microprocessing will be in compliance with 902 KAR 45:090. Applicant Name (Please Print): _____ Applicant Signature: _____ Date: _____
--

_____ Health Authority (print) _____ SANITARIAN # _____ Health Authority (sign) _____ Date

