

**APPLICATION FOR HOME-BASED MICROPROCESSOR CERTIFICATION**

CERTIFICATION FEE: \$50.00

Date Paid \_\_\_\_\_ Check

Cash

Money Order

Action	
New	N
Change	C
Deleted	D
Reactivate	R

Est. No.				

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

County		

Home County			
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Sanitarian				

Insp. Intvl.		

Type of Est.		

Program		

**ITEMS 10 – 12 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 or certified kitchen where products are processed:

\_\_\_\_\_  
Name                                      Street Address                                      City                                      State                                      Zip

**(Please Check One)**

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

Water:  Public  Private

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

\_\_\_\_\_  
Farmer's Name                                      Mailing Address                                      City                                      State                                      Zip                                      Phone Number

D. List Food Products to be Produced: \_\_\_\_\_

11 Checklist of documents to be attached with this application:

- \_\_\_\_ Written agreement from owner to use certified kitchen (if applicable)
- \_\_\_\_ Verification of water source approval if other than municipal
- \_\_\_\_ Verification of Processing Authority review for **each** food item/recipe
- \_\_\_\_ Verification of attendance and successful completion of approved processing school
- \_\_\_\_ 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.**

12 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 \_\_\_\_\_

**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