APPLICATION FOR REGISTRATION TO OPERATE A COTTAGE FOOD ESTABLISHMENT

SECTION A: IDENTIFICATION – Print legibly in all blocks below, except where signature is required.
1. NAME AND LOCATION OF COTTAGE FOOD ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers) ___________________________________________________________ ___________________________________________________________

TEL NO. OF ESTABLISHMENT: ____________________________ FAX NO. ___________________________
WEBSITE _______________________________________________ EMAIL _____________________________

SECTION B: TYPE OF COTTAGE FOOD ESTABLISHMENT
___ NEW ESTABLISHMENT              ___ RENEWAL

REGISTRATION REQUESTED
___ COTTAGE FOOD ESTABLISHMENT - PROVIDES LIMITED SERVICES. ANNUAL RENEWAL IS REQUIRED. PERMIT FEE IS $30.00.

TYPE OF BUSINESS ENTITY (CHECK ONLY ONE CLASSIFICATION BELOW)
1. __ INDIVIDUAL    2. __ PARTNERSHIP NAME:
3. __ ASSOCIATION NAME:    4. __ CORPORATION NAME:
5. __ OTHER ENTITY (SPECIFY TYPE:

PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, CONVERSION OF EXISTING STRUCTURE TO COTTAGE FOOD ESTABLISHMENT USE, REMODELING, RENOVATION, OR CHANGES IN ESTABLISHMENT TYPE. NO FEE IS CHARGED.

ESTABLISHMENT REGISTRATION FEE IS DUE WHEN THE COTTAGE FOOD ESTABLISHMENT IS INSPECTED AND APPROVED FOR OPERATION OR UPON RENEWAL. THE ANNUAL PERMIT FEE OF $30.00 IS PAYABLE TO “STATE OF DELAWARE.”

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)
I, THE UNDERSIGNED, IN APPLYING FOR A COTTAGE FOOD ESTABLISHMENT REGISTRATION, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE “STATE OF DELAWARE REGULATIONS GOVERNING COTTAGE FOOD ESTABLISHMENTS” AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT PRINTED NAME ___________________________________________________________
APPLICANT ADDRESS ___________________________________________________________
APPLICANT PHONE _____________________________
EMAIL __________________________________________

APPLICANT SIGNATURE X ________________ DATE ________________

FOR OFFICIAL USE ONLY BELOW THIS LINE
APPLICATION REVIEWED: APPROVED_____ DISAPPROVED_____ BY_____________ DATE ________________

Revised 6/22/2016