



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Community Environmental Health Services

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 _____