

Please TYPE or PRINT clearly.

### Cottage Food Business Information

Trade Name (if applicable): \_\_\_\_\_

Owner's Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_ Middle\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP Code\* \_\_\_\_\_

Contact Phone Number\* \_\_\_\_\_ Email Address (Required)\* \_\_\_\_\_

**\*You are entitled to determine if certain personal information is revealed to the public. Please indicate your preference for information sharing with the public by checking one of the boxes below:**

Do not share my name      Do Not share my address      Do not share my phone number      Do not share my email address

Is the residence in which you are preparing the food items your primary residence?      Yes \_\_\_\_ No \_\_\_\_

If you have pets in the home, please explain how you will secure the animal(s) during food production and inspection:

### Additional Information

Home Occupancy Permit Information:

Permit Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certified Food Manger Certificate Information: \_\_\_\_\_

Name of Testing Organization: \_\_\_\_\_ Score or Certificate Number: \_\_\_\_\_

Course Date: \_\_\_\_\_

D.C.-Issued Certified Food Protection Manger (CFPM) Certificate Information:

CFPM Certificate Number: FS-\_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Required Documentation

Copy of your Home Occupancy Permit issued by the Department of Consumer and Regulatory Affairs (DCRA)	
Copy of your Nationally Accredited Food Protection Manager Certificate approved by DC Health	
Copy of your D.C.-Issued Certified Food Protection Manager (CFPM) Certificate	
List of all food products you intend to process, package, or sell	
Proof of calibrated scales from DCRA for foods that will be sold by weight	
Copies of all packaging labels for each food item that will be packaged	

## Approved Food Items

Please select the type of products you intend to process at your residential kitchen. Please note, the foods listed in this section are the only foods that are allowed to be processed, packaged, stored, and sold from a Cottage Food Business.\*

	Baked goods (without cream, custard, cheese, or meat fillings) such as breads, biscuits, churros, muffins, rolls, scones, and sweet breads		Cakes, including celebration cakes (birthday, anniversary, and wedding)		Fruit pies, fruit empanadas, and fruit tamales		Dry baking mixes
	Jams, jellies, syrups, marmalades, and other preserves		Vinegar and flavored vinegars		Unfilled baked donuts		Waffles or waffle cones
	Cereals, trail mixes, and granola		Candies, such as brittles, toffee, chocolates, cotton candy, fudge, truffles, and confections		Dried pastas		Dry tea blends
	Pastries, pies, brownies, cookies, tortillas, and Pizzelles		Roasted coffee, whole beans or ground		Snacks such as caramel corn, chocolate-covered nonperishable foods, nuts and dried fruits, crackers, pretzels, seeds, popcorn, and popcorn balls		Honey and honeycomb**

**\*If an applicant wishes to produce a food that is not listed below and/or it is not on the approved foods list, the applicant must submit confirmation of the food product's pH value and water activity from any state accredited laboratory as an attachment to this application, and that food product must be approved by the Department of Health.**

Other. Please Describe\*:

**\*\*Registrants for cottage food businesses shall comply with "Sustainable Urban Agriculture Apiculture Act of 2012," and provide proof they are registered with the District's Department of Energy and Environment in accordance with Subtitle B of the Act – "Promoting Urban Agriculture Through Beekeeping"**

## Payment Information

**In order for your application to be processed, you must submit payment**

☐ Cottage Food Business Registration Certificate Registration Fee (\$50.00)      ☐ Reprint Registration Certificate (\$5.00)

Payment Method+      Check/Money Order Number

+ Payment may be made by check, money order, credit/debit card, or cash. Credit/Debit and cash can only be processed in person at DC Health's Processing Center at 899 North Capitol Street, NE, Washington, DC 20002 (First Floor). The Processing Center operates M-F between 8:15 am and 4:15 pm. **We do not accept payments by email.** Checks and money orders may be made payable to *D.C. Treasurer*.

**Checks may be mailed to: DC Health - Division of Food (Cottage Food) P.O. Box 37489 Washington, DC 20013**

**REPORT WASTE AND ABUSE:** To report fraud, waste, or abuse within the District Government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by e-mail at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General website at [oig.dc.gov](http://oig.dc.gov).

## Owner's Acknowledgement

### By signing this agreement, I attest to the following:

I have read and understand the Cottage Food Regulations published in Title 25-K of the District of Columbia Municipal Regulations and expressly grant the DC Health right of entry to the premises of the cottage food business to conduct preoperational inspections (if required) for compliance with the regulations, to determine compliance with Department directives, and to investigate consumer complaints alleging violations of the regulations, foodborne outbreaks or other public health emergencies, including but not limited to operating an unsanitary manner consistent with sections 102.4, 108 and 109 of the Cottage Food Regulations.

I understand that I can only make the Cottage Food Products selected by me on this application form and approved by the D.C. Department of Health consistent with the Cottage Food Regulations.

I understand that if my food is sold by weight, I am required to contact the D.C Department of Consumer and Regulatory Affairs' (DCRA) Weights and Measures Division to obtain proof that my scales are calibrated in compliance with their regulations and consistent with section 102.2(b) of the Cottage Food Regulations.

I understand that each food product selected by me on this registration application and approved by the D.C. Department of Health is required to be labeled consistent with section 104 of the Cottage Food Regulations.

**By signing or entering your name on this application, I attest that all statements are true and accurate. I understand that, anyone who makes a false statement on this application can be criminally prosecuted; and if convicted, shall be fined not more than the amount set forth in *D.C. Official Code § 22-3571.01* or imprisoned for not more than 180 days, or both pursuant to *D.C. Official Code § 22-2405*.**

**Owner's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **NEXT STEPS:**

Complete applications will be reviewed within thirty (30) business days. Once your application has been reviewed and approved, a representative from Division of Food will contact you to schedule an inspection. All inspections will take place during normal business hours unless previously approved by a supervisor. To prepare for your inspection, please familiarize yourself with Subtitle K of Title 25 of the District of Columbia Municipal Regulations, which can be found on our website, at [dchealth.dc.gov](http://dchealth.dc.gov).

### Office Use Only

Date Received:

Date Processed:

Date Emailed:

Processed by: