

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* E-mail 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 e-mail 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 processing and inspection:

[Empty text box for pet security explanation]

Additional Information

Home Occupancy Permit Information:

Permit Number: Issue Date: Expiration Date:

Certified Food Manager Certificate Information:

Name of Testing Organization: Score or Certificate Number:
Course Date:

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

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

Required Documentation

Table with 2 columns: Documentation Item, Checkbox. Items include Home Occupancy Permit, CFPM Certificate, List of food products, Proof of calibrated scales, and Packaging labels.

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.*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Baked goods (without cream, custard, cheese, or meat fillings) such as breads, biscuits, churros, muffins, rolls, scones, and sweet breads | <input type="checkbox"/> Cakes, including celebration cakes (birthday, anniversary, and wedding) | <input type="checkbox"/> Fruit pies, fruit empanadas, and fruit tamales | <input type="checkbox"/> Dry baking mixes |
| <input type="checkbox"/> Jams, jellies, syrups, marmalades and other preserves | <input type="checkbox"/> Vinegar and flavored vinegars | <input type="checkbox"/> Unfilled, baked donuts | <input type="checkbox"/> Waffles or waffle cones |
| <input type="checkbox"/> Cereals, trail mixes, and granola | <input type="checkbox"/> Candies, such as brittles, toffee, chocolates, cotton candy, fudge, truffles, and confections | <input type="checkbox"/> Dried pastas | <input type="checkbox"/> Dry tea blends |
| <input type="checkbox"/> Pastries, pies, brownies, cookies, and tortillas, Pizzelles | <input type="checkbox"/> Roasted coffee, whole beans or ground | <input type="checkbox"/> Snacks such as caramel corn, chocolate-covered nonperishable foods, nuts and dried fruits, crackers, pretzels, seeds, popcorn, popcorn balls | <input type="checkbox"/> 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 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 the DC Health's Processing Center at 899 N. Capitol St. NE., Washington, D.C. 20002 (First Floor). The Processing Center operates M-F between 8:15 am and 4:15 pm. **We do not accept payments by e-mail.** Checks and money orders may be made payable to *D.C. Treasurer*.

Checks may be mailed to: DC Health-Food Safety (Cottage Food) P.O. Box 37489 Washington, D.C. 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, or by TTY at 711. For additional information, visit the Office of the Inspector General website at 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 D.C. Department of Health right of entry to the premises of the cottage food business to conduct preoperational inspections 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 in 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 section 103 of the Cottage Food Regulations.

I understand the Cottage Food Products selected by me on this registration form and approved by the D.C. Department of Health can only be sold in the District of Columbia at farmers' markets and public events consistent with section 101.2 of 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 Measurements 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 form 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 form, you attest that all statements are true and accurate. You understand that, anyone who makes a false statement on this application can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under 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 the Food Safety and Hygiene Inspection Services Division 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.

Office Use Only

Date Received:

Date Processed:

Date E-mailed:

Processed By: