



9-6-7 Application Form

VILLAGE OF SHEFFIELD
APPLICATION FOR HOME KITCHEN REGISTRATION
(Annual Registration & \$25 Fee Required)
Type or Print Information Only

Name of Business: _____

Owner Name (s): _____

Address where food is being prepared: _____

Mailing address if different from above: _____

Phone: _____

E-Mail: _____

In addition to the Annual Application/Fee, in order to qualify as a home kitchen operation, within the Village of Sheffield, the following conditions must be met:

- a) Monthly gross sales may not exceed \$1,000.
- b) Only non-potentially hazardous baked goods may be sold.
- c) A notice is provided to the purchaser that the product was produced in a home kitchen.
- d) The food package is affixed with a label or other written notice is provided to the purchaser that includes:
 - 1. The common or usual name of the food product; and
 - 2. Allergen labeling as specified in federal labeling requirements by the United States Food and Drug Administration.
- e) The food is sold directly to the consumer.
- f) The food is stored in the residence where it is produced or packaged.
- g) The person preparing and selling products as a home kitchen operation has a Department of Public Health approved Food Service Sanitation Management Certificate.
- h) That the home kitchen operation must register annually with the Village of Sheffield and by signing this application agrees to grant access to the Bureau County Health Department to conduct an inspection of the home kitchen operation in the event of a consumer complaint or foodborne illness outbreak.

Food Service Sanitation Manager Certification

NAME : _____

ID NUMBER: _____

Products (please list the items you will be making and selling)

Only Non-Potentially Hazardous Baked Goods are Allowed

Examples: Breads ~ Cookies ~ Cakes ~ Pastries:

_____	_____
_____	_____
_____	_____
_____	_____

Product Labeling

- The common or usual name of the food product
- A notice that the product was produced in a home kitchen.
- Allergen labeling as specified in federal labeling requirements

Owner's Statements:

I, _____ agree to grant access to the local health department to conduct an inspection of my Home food operation's primary domestic residence in the event of a consumer complaint or foodborne illness outbreak.
Signature(s) of Owners:

_____ date: _____

_____ date: _____