

# APPLICATION FOR COTTAGE FOOD OPERATION REGISTRATION

SUMBIT COMPLETED APPLICATION TO COUNTY SANITARIAN. **APPLICATION MUST BE TYPED OR HAND PRINTED AND LEGIBLE** or it will be returned to applicant.

A cottage food operation allows for food that is not potentially hazardous such as baked goods, jam, jellies, candies, or dry spice blends to be produced in the kitchen of a person's primary domestic residence in Montana and only for sale directly to the consumer, by the producer. **Cottage Food products cannot be sold to restaurants, wholesale, via the internet, or by mail order. Products cannot be sold out of state.**

NAME OF OPERATION (Business name--if none, list owner's name):	
OWNER NAME(S):	
HOME KITCHEN PHYSICAL ADDRESS (NO PO BOXES): (Street, City, State, Zip code)	<b>COUNTY:</b>
MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS): (Street, City, State, Zip code)	
PHONE NUMBER:	EMAIL ADDRESS:
PREVIOUSLY REGISTERED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, REGISTRATION #: _____	
WATER SUPPLY: PUBLIC <input type="checkbox"/> PRIVATE (i.e. private well) <input type="checkbox"/> SEWER: PUBLIC <input type="checkbox"/> PRIVATE (i.e. septic) <input type="checkbox"/>	
<b>INSTRUCTIONS</b>	
<p><input type="checkbox"/> FILL OUT THIS APPLICATION PROVIDING A RECIPE FOR EACH PRODUCT WITH <b>INGREDIENT WEIGHTS</b> (NOT VOLUMES). SEE ATTACHMENT 1</p> <p><input type="checkbox"/> SUBMIT A LABEL FOR EACH PRODUCT WITH THE APPLICATION. SEE ATTACHMENT 4</p> <p><input type="checkbox"/> SEND THE COMPLETED APPLICATION TO YOUR LOCAL ENVIRONMENTAL HEALTH OFFICE WITH A CHECK OR MONEY ORDER FOR \$40.00. FIND ADDRESSES ON <b>FCSS.MT.GOV</b></p> <p><input type="checkbox"/> IF PREVIOUSLY REGISTERED, ATTACH CURRENT COTTAGE FOOD CERTIFICATE.</p> <p>ONCE SUBMITTED, YOUR LOCAL SANITARIAN WILL CONTACT YOU WITH ANY QUESTIONS OR TO REQUEST ADDITIONAL INFORMATION. PRIVATE WELL OWNERS MUST SUBMIT CURRENT WATER TESTING RESULTS (consult sanitarian). A LIST OF APPROVED PRODUCTS WILL BE SENT FROM THE LOCAL ENVIRONMENTAL HEALTH OFFICE TO THE STATE OFFICE. THE STATE OFFICE WILL PRINT THE REGISTRATION CERTIFICATE AND MAIL IT TO THE LOCAL ENVIRONMENTAL HEALTH OFFICE TO VALIDATE AND SEND TO YOU.</p>	
<b>The information provided in this application accurately represents my operation and I understand that I must grant the local health official access to my residence for the purpose of inspection in the event of a complaint based on an illness associated with my product(s).</b>	
Signature(s) of owner(s)	Date:

\*\*\*\*\* For office use only \*\*\*\*\*

Approved by: (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date: \_\_\_\_\_

Conditions:

