



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

HOME-BASED PROCESSOR REGISTRATION FORM

Office Use Only

CERTIFICATION FEE: \$50.00	EST. TYPE: <u>40</u>	EST. NO.: _____
DATE PAID: _____		COUNTY: _____
<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER		REGION: _____
CHECK/M.O #:		

**PLEASE RETURN THIS FORM AND ACCOMPANYING PAYMENT TO:
KY FOOD SAFETY BRANCH
275 EAST MAIN STREET, HS1C-F
FRANKFORT, KY 40621**

Applicant please complete items 1- 5

1. APPLICANT INFORMATION	MAILING ADDRESS:
APPLICANT/OWNER NAME: _____	Street: _____
PRIMARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/>	City: _____
SECONDARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/>	State: _____ Zip: _____
EMAIL ADDRESS: _____	

2. PRIMARY RESIDENCE WHERE PRODUCTS ARE PROCESSED:
Street: _____
City: _____ State: _____ Zip: _____
GPS coordinates, if known: Lat: _____ Long: _____

3. LIST ALL HOME-BASED FOOD PRODUCTS TO BE PRODUCED:

4. INCLUDE THE FOLLOWING WITH THIS FORM:
___ \$50.00 registration fee made payable to the KY State Treasurer

NOTE: FORMS WHICH LACK THE ABOVE INFORMATION/ MATERIALS WILL RESULT IN REGISTRATION DELAY.

5. I attest that the information provided in this application is true and accurate and all homebased processing will be in compliance with KRS 217.015(56), KRS 217.136-137, and 902 KAR 45:090.
Applicant Name (Please Print): _____
Applicant Signature: _____ Date: _____

_____ Health Authority (print) _____ SANITARIAN # _____ Health Authority (sign) _____ Date