



# COTTAGE FOOD LICENSE APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • FOOD SAFETY DIVISION  
19 MARTIN LUTHER KING JR DRIVE SW • ATLANTA, GA 30334

Gary W. Black  
COMMISSIONER

ESTABLISHMENT INFORMATION			
NAME (Doing Business As)			
CORPORATE NAME (If registered with the Secretary of State's Office)		COUNTY OF RESIDENCE	
STREET ADDRESS	CITY	STATE GA	ZIP
MAILING ADDRESS (If Different)	CITY	STATE GA	ZIP

OWNER INFORMATION	
NAME	TITLE
PHONE	EMAIL ADDRESS
TYPE OF OWNERSHIP (Individual, Corporation, Partnership, Association, etc.)	ATTACH A LIST OF OWNERS AND OFFICERS comprising the legal ownership, including any Registered Agents, with the following information: <b>Names / Titles / Addresses / Phone Numbers</b>

PREREQUISITES
Indicate your <b>ACKNOWLEDGEMENT</b> and <b>COMPLETION</b> of these requirements by checking the following:
<input type="checkbox"/> I have checked with my city and county governments, and there are no local ordinances that would prevent me from operating a home-based business.
<input type="checkbox"/> I have checked with my local public utilities to ensure that my cottage food operations meet their approval for the existing sewage system, or I have checked with the local health department to ensure my septic system is adequate for my intended operations.
<input type="checkbox"/> I have attached either a copy of my most recent water bill, or the lab results where I had my private well tested for coliforms and nitrates.
<input type="checkbox"/> I have completed an accredited food safety training course, and a copy of my certificate is attached to this License Application.

COTTAGE FOOD OPERATOR RESPONSIBILITIES
Please initial by each statement acknowledging the <b>OPERATOR'S RESPONSIBILITIES</b> .
<input type="checkbox"/> I have read and understand the Food Safety Directives contained in the Cottage Food Regulations 40-7-19-.08.
_____
INITIALS
<input type="checkbox"/> I understand that I can only make the Cottage Food Products listed on this application form, and that the sales of these products can only be to the end consumer.
_____
INITIALS
<input type="checkbox"/> I understand that I can only sell these products within the state of Georgia, and that I cannot ship my products across state lines without having first obtained a Food Sales Establishment License from the Georgia Department of Agriculture and registering with the FDA according to the Bioterrorism Act.
_____
INITIALS
<input type="checkbox"/> I understand that if I sell my products by weight that I have to use a scale that is legal for trade, and that it is my responsibility to contact the Georgia Department of Agriculture to have my scale certified annually.
_____
INITIALS

COTTAGE FOOD PRODUCTS LIST	
Indicate each <b>TYPE OF PRODUCT</b> you intend to produce:	
<input type="checkbox"/> Breads, Rolls & Biscuits	<input type="checkbox"/> Cakes & Cupcakes
<input type="checkbox"/> Candies & Confections	<input type="checkbox"/> Cereals, Trail Mixes & Granola
<input type="checkbox"/> Coated / Uncoated Nuts	<input type="checkbox"/> Dried Fruits
<input type="checkbox"/> Dry Herbs, Seasonings & Mixtures	<input type="checkbox"/> Fruit Pies
<input type="checkbox"/> Jams, Jellies & Preserves	<input type="checkbox"/> Pastries & Cookies
<input type="checkbox"/> Popcorn, Popcorn Balls & Cotton Candy	<input type="checkbox"/> Vinegars & Flavored Vinegars

WATER	
SOURCE:	DISPOSAL:
<input type="checkbox"/> Public (Municipal)	<input type="checkbox"/> Public (Sewer)
<input type="checkbox"/> Private (Well)	<input type="checkbox"/> Private (Septic System)

RIGHT OF ENTRY
Pursuant to O.C.G.A. § 26-2-36(a), the Georgia Department of Agriculture is authorized to have free access during all hours of operation and at all other reasonable hours to any establishment where food is manufactured, processed, packed or held for introduction into commerce.
By completing this application, I understand the foregoing and hereby grant the Department right of entry to the residence, during the normal business hours, or at other reasonable times, for the investigation of consumer complaints, foodborne disease outbreaks, or other public health emergencies.
I understand that inspections due to consumer complaints or foodborne illnesses investigations are required to be conducted within one hour upon receiving notice of the intent to conduct an investigation. I further understand that refusing entry of a Department representative, and any additional investigators with appropriate credentials who may accompany the Department for the purposes of investigating consumer complaints or foodborne illnesses, shall be grounds for revocation of my Cottage Food License.

VERIFICATION OF LAWFUL PRESENCE
A <u>Notarized Affidavit</u> and acceptable documentation are required by O.C.G.A. § 50-36-1.
Please notify us if you have previously submitted an affidavit and one acceptable document for any other license or GATE card issues by the Department.
This will allow us to search our databases and upload the required documentation for your new license and enable a better customer service experience.
For assistance, call the Customer Service Center at: <b>855-4-AG-LICENSE (855-424-5423)</b>

ATTESTATIONS
By signing this document, the applicant:
1. Attests that the information provided on this form is accurate; and
2. Affirms he/she will comply with Department laws and regulations related to the operation of a cottage food establishment.

**\*\*PLEASE DO NOT SUBMIT PAYMENT WITH YOUR APPLICATION\*\***

You will receive an email link to pay your license fee approximately two (2) weeks following your licensing inspection.

Questions? Please see our website at:  
<http://www.agr.georgia.gov/cottage-foods.aspx>

Contact us via phone:  
Food Safety Division: 404-656-3627, or  
Licensing Division: 404-586-1411

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APPLICANT – PRINTED NAME                      APPLICANT – SIGNATURE                      APPLICANT – TITLE                      DATE