



COTTAGE FOOD LICENSE APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • FOOD SAFETY DIVISION

Tyler J Harper
COMMISSIONER

LICENSE PERIOD: JAN 1 - DEC 31

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: Names / Titles / Addresses / Phone Numbers

PREREQUISITES
Indicate your ACKNOWLEDGEMENT and COMPLETION of these requirements by checking the following:
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.
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.
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.
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 OPERATOR'S RESPONSIBILITIES .
<ul style="list-style-type: none"> I have read and understand the Food Safety Directives contained in the Cottage Food Regulations 40-7-19-.08. _____ INITIALS 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 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 I understand that if I sell my products by weight that I have to use a scale that is legal for trade, and that the Georgia Department of Agriculture will inspect my scale for accuracy in response to consumer complaints of package tare errors or short-fill. _____ INITIALS

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

WATER	
SOURCE:	DISPOSAL:
Public (Municipal)	Public (Sewer)
Private (Well)	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.
For assistance, call the Customer Service Center at: 855-4-AG-LICENSE (855-424-5423)

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:
<https://www.agr.georgia.gov/cottage-food>

RETURN COMPLETED DOCUMENTS

By Mail: Retail Food Program
19 Martin Luther King Jr Dr, SW
Room 306
Atlanta, GA 30334

By Email: CottageFoodInfo@agr.georgia.gov

APPLICANT – PRINTED NAME

APPLICANT – SIGNATURE

APPLICANT – TITLE

DATE