

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services

APPLICATION FOR HOME FOOD PROCESSING
PLAN REVIEW

PLEASE COMPLETE ALL INFORMATION AND SUBMIT TO THE DEPARTMENT

SECTION 1

BUSINESS INFORMATION

NAME OF BUSINESS _____

ADDRESS OF BUSINESS:

| | | | |
|------------------------|---------------------------------------|-------|----------|
| Street Number and Name | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| County | Township/Borough | | |
| () _____ | () _____ | | |
| Phone Number | Fax Number | | |
| _____ | _____ | | |
| Email Address | Cell Number or Alternate Phone Number | | |

MAILING ADDRESS (If Other Than Above):

| | | | |
|-------|-------|-------|----------|
| _____ | _____ | _____ | _____ |
| Name | City | State | Zip Code |

OWNER TYPE: SOLE PROPRIETOR, NAME _____
 CORPORATION, LLC or LLP NAME _____
OFFICER NAME AND TITLE _____
 PARTNERSHIP, NAMES _____

RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT (if not yourself) _____

SECTION 2

ZONING APPROVALS

Have you contacted your local municipality to verify if you can operate a food business at this property? YES NO

Name of Municipality: _____

Please attach a copy of a letter or certificate from your local municipality verifying this information.

I have attached written documentation for my zoning approval.

Applicant Signature/Date _____

SECTION 3

WATER, SEWER, WASTE INFORMATION

WATER: The property is on, or will use: (Check which one applies)

A public / municipal water supply.

Supplier: _____

A non-public / non-municipal / private water supply (example: well water). **A current water test must be provided.**

A current water test is attached.

Applicant Signature/Date _____

SEWER: The establishment is on: (Check which one applies)

A municipal/public sewage disposal system.

Name of Sewage Authority: _____

A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, written documentation from a certified Sewage Enforcement Officer stating that the sewage system is operating in a legal manner and with no apparent violations is required. This approval does not apply if the establishment is connected to an approved municipal supply, as listed above.

I have attached written documentation for my on-lot sewage disposal system, if required.

Applicant Signature/Date _____

REFUSE:

The food establishment refuse collector will be: _____ (company name)

SECTION 4

OTHER CODES

(Signature is required to affirm compliance with the appropriate requirements.)

A license to collect sales tax has been obtained or applied for. For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue - (717) 787-8201. A copy of the sales tax license or proof of application is attached to this application.

According to the PA Department of Revenue, my business is exempt from collection of sales tax.

I do not have any animals inside of this property at any time.

I certify that the establishment is compliant with the above checked requirements and any required supporting documentation is attached.

Applicant Signature _____

SECTION 5

BUSINESS PLAN

Please provide, in writing, your business plan and at minimum address the following, if applicable:

1. Ingredient suppliers
2. Storage areas for equipment, food products and packaging
3. Types of equipment used in the production of the food
4. Production methods
5. Transportation of products
6. How do you plan to sell the products?, i.e., wholesale in state, wholesale out of state, internet, at a local farmers market, retail from the home, etc...
7. List the addresses of all locations from which you plan to sell your products--if you are retailing your product direct to the consumer. (ex: your home, a market, a roadside stand, local fire company, local fair)

SECTION 6

PRODUCT LABELING

Packaged products must have appropriate product labeling. Labeling must at minimum include:

1. Name of the product
2. Ingredients, listed from most to least by weight
3. Name and address of the manufacturer or distributor
4. Net Wt. or count; placement on the bottom 1/3 of the primary panel and no less than 8 pt. font

A bakery item made and sold, directly to a Commonwealth consumer, by the baker does not require any labeling information on the products or any form of display, but must be available upon request.

Any requirements for Nutritional Labeling will be under the jurisdiction of the US Food and Drug Administration. You should contact them directly to discuss requirements or exemptions to nutritional labels.

I have submitted a sample copy of my intended labels.

Applicant Signature_____

SECTION 7

LABORATORY TESTING

The following products will need to have product testing. This testing is to assure the safety of the product and that it is a non- PHF food. Additionally, some testing is used to confirm branding (ex, jam vs. jelly). NOTE: Additional testing may be required by the Department at any time to determine the safety and branding of the product.

1. Acidified Foods: pH (acidity level)
2. Dressings: pH and Available Water (Aw)
3. "moist" breads/cakes, and some pies: Aw and pH
4. Jams and Jellies: Soluble solids
5. Any questionable product: pH and Aw

All Laboratory test results must be submitted with the Plan Review Application. All products and product recipe must be tested. At any time a recipe changes or a new product is produced, additional product testing must occur. Operators should keep a copy of their product test results at their establishments for review by the Sanitarian.

- Not applicable, I do not believe my products require testing.**
- I have submitted a copy of my product testing results, if applicable.**

Applicant Signature_____

SECTION 8

PRODUCTION INFORMATION

DAYS OF PRODUCTION & TIME (check any that might apply)

| | | | |
|------------------------------------|------------|-----------------------------------|------------|
| <input type="checkbox"/> Monday | Time _____ | <input type="checkbox"/> Friday | Time _____ |
| <input type="checkbox"/> Tuesday | Time _____ | <input type="checkbox"/> Saturday | Time _____ |
| <input type="checkbox"/> Wednesday | Time _____ | <input type="checkbox"/> Sunday | Time _____ |
| <input type="checkbox"/> Thursday | Time _____ | | |

TYPE OF FOOD PRODUCTION (Check all that Apply) ONLY NON POTENTIALLY HAZARDOUS FOODS CAN BE MADE BY HOME FOOD PROCESSORS

| | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Dry goods | <input type="checkbox"/> Dressings, Sauces | <input type="checkbox"/> Honey |
| <input type="checkbox"/> Breads | <input type="checkbox"/> Acidified Foods | <input type="checkbox"/> Jams or Jelly | <input type="checkbox"/> Maple Syrup |
| <input type="checkbox"/> Cookies | <input type="checkbox"/> Butters, Spreads | <input type="checkbox"/> Candy | <input type="checkbox"/> Other, list _____ |
| <input type="checkbox"/> Cakes | | | |
| <input type="checkbox"/> Pies | | | |

Describe your products: (types, style, etc..). _____

EMPLOYEE INFORMATION

_____ # of anticipated employees (include yourself in this number)

Do you have an employee health policy? YES or NO

An employee health policy establishes how to handle ill employees, including you, should you get ill or get exposed to a foodborne illness. See Sections 46.111 thru 46.115 of the Food Code for clarification. If NO, prior to opening an employee health policy must be established

SECTION 9

PRODUCTION OPENING

Anticipated date to begin production: _____
Date

SECTION 10

This application, along with any other requested materials, as listed above, should be **submitted to you local Regional Office**, as listed on the cover letter.

By signing this application, you are confirming that all information is accurate and true. Failure to supply all requested information may result in a delay in registering your establishment.

Please allow two weeks for processing of your plan review from the date of post marking.

You will be sent a letter via USPS with your approval or denial of this plan. Once your plans are approved your Sanitarian will conduct an on site inspection. Following a compliant inspection you will be permitted to produce and sell your product. Your registration fee will be collected at that time. Your formal registration will be mailed to your within 60 days.

| | |
|------------------|------|
| Signature, Title | Date |
|------------------|------|

There are NO fees associated with this Application.

Registration fees will be collected at the time of the inspection and are as follows: (payable to: Commonwealth of PA) Registrations are \$35.00 and Annual Renewal is \$35.00 via USPS.

OFFICIAL USE ONLY

REGISTRATION: PROCESSING & WHOLESALING PROCESSING & RETAILING PROCESSING & RETAIL/WHOLESALE

STANDARDS FOR REVIEW: ACT 70/CFR'S ACT 70/CHAPTER 46, Food Code

APPROVAL

PLANS APPROVED, DATE _____ PLANS DENIED, DATE _____

Reasons for denial: _____

REVIEWING SANITARIAN _____