APPLICATION FOR HOME FOOD ESTABLISHMENT LICENSE

Return application and payment to:

WESTERN IOWA REGIONAL INSPECTIONS
1411 INDUSTRIAL PARKWAY
HARLAN, IA 51537

Phone : (712)755-2609

License # Exp Date :

Date Of Application : _____

Type of Application : [ ] NEW [ ] RENEWAL

If new application, business opening date : _____

Has ownership changed since last license issued ? [ ] Yes [ ] No

If yes : Previous Owner : _____

Business Name : _____

Last License Number : _____

WATER SOURCE (check one) [ ] Public water supply
[ ] Private Well

Name of Business : _____

Owner's Name : _____ Phone : _____

Physical Address : _____ County : _____

City : _____ State : ____ Zip : _____

Mailing address for all correspondence if different than above :

Street or Route : _____ Phone : _____

City : _____ State : ____ Zip : _____

Person-in-Charge : _____ Title : _____ Phone : _____

Ownership structure: Individual : ___ Partnership*: ___ Corporation*: ____

*(Complete next section for partners or corporate officers.)

Name : _____ Title : _____ Name : _____ Title : _____

Address : _____ Address : _____

City : _____ State : ____ Zip : ____ City : _____ State : ____ Zip : ____

A home food establishment is a business on the premise of a residence where potentially hazardous bakery products are prepared for consumption off-the-premise. Potentially hazardous bakery products are those that require refrigeration, such as soft pies and items with custard or cream filling. Annual gross sales of a home food establishment must be under $20,000.

License Fee Structure :33.75

Any change in Ownership Requires a New License . Licenses are **Not** Transferable.
Make Check or Money Order Payable to :

WESTERN IOWA REGIONAL INSPECTIONS

Signature of Applicant : _____

Title of Applicant : _____ Date : _____

FOR OFFICE USE ONLY	
CK # :	_____
$:	_____
CK Date :	_____