Home Based Processor Application Instructions

Please review the following instructions before completing the below Home-Based Processor (HBP) Application.

1. **Applicant Information** – Applicant /Owner Name and contact information must be the person processing the product. Please list only one name. **Mailing Address** will be the address where your HBP Certificate is mailed.

2. **Primary Residence Where Products are Processed** – Use the location where the processing will take place. This must be a primary residence GPS coordinates are optional, but assist the Food Safety Branch if a visit is required due to a complaint or foodborne illness.

3. **List All Home Based Food Products to be Produced** – ONLY LIST FOODS THAT ARE IDENTIFIED IN THE REGULATION, 902 KAR 45:090. ANY FOOD OUTSIDE OF THE FOOD LIST PROVIDED IN THE REGULATION WILL RESULT IN YOUR APPLICATION BEING REJECTED. All foods must be non-potentially hazardous and shelf-stable. The foods allowed in the Regulation are:

   - dried herbs
   - spices
   - nuts
   - candy (candy shall be produced without alcohol, and made with no bare-hand contact)
   - dried grains
   - granola that may be made with dried grains
   - trail or snack mix that may be made with dried fruit, nuts or seeds
   - whole fruits and vegetables
   - dried or freeze dried fruits and vegetables
   - mixed greens
   - jams and jellies (Must be a high acid fruit. Any low acid, vegetable, or herb jams/jellies are not allowed in the HBP program)
   - sweet sorghum syrup
   - maple syrup
   - preserves
   - fruit butter
   - bread
   - fruit pies
   - pecan pies
   - cakes
   - cookies
   - popcorn (plain or with added seasoning)

4. **Registration Fee.** Check or money order is preferred over cash. **Make checks/money orders payable to: Kentucky State Treasurer.** Online payment is only available for renewal of existing Registrations through the Kentucky Online Gateway (KOG). A KOG account needs to be created before payment using this method.

5. **Attestation, Applicant Name and Applicant Signature**- We strongly recommend review of the Kentucky Regulatory Statutes and Regulations listed in this section before signing the application. Keeping food safe in Kentucky is our primary goal. When becoming a Home-Based Processor, you are accepting responsibility for your product and the safety of those who consume your product.

Other Frequently Asked Questions:

**How long will it take to receive my Registration?** Typically turn-around time is two weeks.

**When does the Registration Certificate expire?** Registration period is April 1st to March 31st. All HBP Registrations expire on March 31st each year. Registration fees are not pro-rated. Renewal notices are sent out in February each year.

**How will I know if my application is rejected?** Any application that includes foods outside of those listed in the Regulation will be rejected. The applicant will either receive a telephone call or e-mail, or the application with payment will be mailed back to the applicant.

**What if I want to add more food items after I have received my Registration?** Simply call (502-564-7181) or e-mail the Kentucky Food Safety Branch (food.safety@ky.gov). If the items are listed in the Regulation, they will be added to your application. You will receive confirmation through e-mail or telephone.

**Do I need to fill out an application each year?** No, you only have to fill out a new application if you do not renew each year by the April 1st deadline.
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
HOME-BASED PROCESSOR REGISTRATION FORM

Office Use Only
CERTIFICATION FEE: $50.00
DATE PAID: ____________________________
CHECK/M.O #: ________________________
CHECK CASH MONEY ORDER

EST. TYPE: 50
EST. NO.: _________________
COUNTY: _________________
REGION: _________________

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
APPLICANT/OWNER NAME: __________________________
MAILING ADDRESS: Street: __________________________
PRIMARY NUMBER: cell [ ] home [ ]
SECONDARY NUMBER: cell [ ] home [ ]
EMAIL ADDRESS: __________________________

2. PRIMARY RESIDENCE WHERE PRODUCTS ARE PROCESSED:
Street: __________________________
City: __________________________
State: __________________________
Zip: __________________________
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