



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH**

**APPLICATION FOR HOME-BASED MICROPROCESSOR CERTIFICATION**

CERTIFICATION FEE: <b>\$50.00</b> DATE PAID: _____ <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER CHECK/M.O #: _____	EST. TYPE: <b>611/30</b>	EST. NO.: _____ COUNTY: _____ REGION: _____	PLEASE RETURN THIS FORM TO: <b>KY FOOD SAFETY BRANCH</b> <b>275 EAST MAIN STREET, HS1C-F</b> <b>FRANKFORT, KY 40621</b>
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*Applicant please complete items 1- 6*

<b>1. APPLICANT INFORMATION</b> APPLICANT/OWNER NAME: _____ PRIMARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/> SECONDARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/> EMAIL ADDRESS: _____	<b>MAILING ADDRESS:</b> Street: _____ City: _____ State: _____ Zip: _____
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<b>2. FARMLAND ON WHICH PRIMARY FOOD INGREDIENT(S) GROWN:</b> Address: _____ Farm Name: _____ Street/Hwy: _____ Rural Route Number: _____ City: _____ State: _____ Zip: _____ Number of acres at above address: _____	<b>IF farmland is leased, provide property owner information:</b> Property Owner Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Property Owner Phone Number: _____
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<b>3. FARMER'S PRIMARY RESIDENCE OR CERTIFIED KITCHEN WHERE PRODUCTS ARE PROCESSED:</b> Address: _____ Name: _____ Street: _____ City: _____ State: _____ Zip: _____ GPS coordinates, if known: Lat: _____ Long: _____	<b>Sewage and Water (please check one):</b> WATER: <input type="checkbox"/> Public <input type="checkbox"/> Private SEWAGE: <input type="checkbox"/> Public <input type="checkbox"/> Private If sewage private, is system functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>4. LIST FOOD PRODUCTS TO BE PRODUCED:</b> _____ _____ _____ <b>Prohibited Products: Potentially hazardous foods, including but not limited to crème filled pies, custard, custard pies, pies with meringue topping, cheesecake, cream, custard and meringue pastries, raw seed sprouts, and garlic-in-oil mixtures. Foods vacuum-packaged in containers other than mason-type glass jars. Canned, pureed baby foods are prohibited.</b>
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<b>5. CHECKLIST OF DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION:</b> <input type="checkbox"/> Written agreement from owner to use certified kitchen (if applicable) <input type="checkbox"/> Verification of water source (copy of public water bill or Division of Water approval) <input type="checkbox"/> Verification of Processing Authority review for <b>each</b> food item/ recipe <input type="checkbox"/> Verification of attendance and successful completion of approved processing school <input type="checkbox"/> Copies of draft food product labels for <b>each</b> Microprocessed food
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**NOTE: APPLICATIONS FOR MICROPROCESSOR CERTIFICATION WHICH LACK THE ABOVE INFORMATION WILL RESULT IN CERTIFICATION DELAY.**

<b>6. I attest that the information provided in this application is true and accurate and all home-based microprocessing will be in compliance with 902 KAR 45:090.</b> Applicant Name (Please Print): _____ Applicant Signature: _____ Date: _____
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\_\_\_\_\_ Health Authority (print)                      \_\_\_\_\_ SANITARIAN #                      \_\_\_\_\_ Health Authority (sign)                      \_\_\_\_\_ Date

