

105 Broadway PL STE 11  
Anamosa, IA 52205  
Telephone:(319) 462-4715

## HOME FOOD ESTABLISHMENT LICENSE APPLICATION

Date of Renewal: \_\_\_\_\_

If ownership has changed give previous owner  
\_\_\_\_\_

Has ownership changed since last license issued?  Yes  No

business name \_\_\_\_\_, and

license number: \_\_\_\_\_ (if known)

License:

Expires:

License Fee: \$33.75

**Establishment Information**(if any information has changed, update information on renewal application) Note: a new application is required for change in the business address or ownership.

Name of Establishment: \_\_\_\_\_ Ownership Type: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Business Phone Number: ( ) - \_\_\_\_\_

Alternative or Cell Phone \_\_\_\_\_ Business E-mail Address : \_\_\_\_\_

Physical Business Address: \_\_\_\_\_ Suite# \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person-In Charge (onsite) \_\_\_\_\_ Title of Person-In-Charge \_\_\_\_\_

Person-In-Charge Phone \_\_\_\_\_ Person-In-Charge Email \_\_\_\_\_

Secondary Person in Charge \_\_\_\_\_ Title of Secondary Person in Charge \_\_\_\_\_

*Mailing address for all correspondence, if different than above:*

Attn: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Street or Route: \_\_\_\_\_ Suite# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

A Home Food Establishment is a licensed bakery located in a residence. A Home Food Establishment may prepare refrigerated or unrefrigerated baked goods for sale directly to household consumers for off premises consumption or to other retail outlets. Baked goods that do not require refrigeration may be sold from the residence or at a farmer's market without a Home Food License. Baked goods are defined as; *bread, cakes, doughnuts, pastries, buns, rolls, cookies, biscuits and pies (except meat pies)*.

**Sales Type** (Select all that apply):  Sales from residence  Farmer's market  Internet  Mail Order  
 Other retail locations  Restaurants  Wholesale  Other specify \_\_\_\_\_

**Product Information** (select products prepared):  Breads  Cakes  Pastries  Buns  Rolls  Cookies  
 Biscuits  Pies  Other specify: \_\_\_\_\_

**License Fee: \$33.75**

Applicants Name (Print): \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

### DO NOT COMPLETE INFORMATION BELOW - FOR OFFICE USE ONLY

Check #	Check Date	Amount Received
Check Name	Penalty Amount	Amount Due

# **OWNERSHIP INFORMATION**

*PROPRIETOR/OWNER TYPE: (Fill in appropriate ownership section)*

## **Sole Proprietor**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

## **Partnership**

### **General Partner#1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

### **General Partner#2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

## **Corporation**

Corporation Name	Alternate or Cell Phone ( )
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Email
President/CEO	Signature of Corporate Official
Name of Corporate Official	Official Title of Signatory

## **Non-Profit Organization**

Name of Non-Profit Organization	Alternate or Cell Phone ( )
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Email
Organization President	Signature of Organization Official
Name of Organization Official	Official Title of Signatory

## **Limited Liability Company (LLC)**

Name of LLC	Email
Address:                      City:                      State:                      Zip:	Name of President
Phone ( )	Signature of Official
Alternate or Cell Phone ( )	Official Title of Signatory
Fax ( )	

**Limited Liability Partnership (LLP)**

**Member #1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

**Member #2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address:                      City:                      State:                      Zip:	Fax ( )
Phone ( )	Signature

**Government/Municipality**

Name of Agency	Email
Address:                      City:                      State:                      Zip:	Agency Official's Name
Phone ( )	Agency Official's Title
Alternate or Cell Phone ( )	Agency Official's Signature
Fax ( )	

**School (K-12)**

Name of School District	Fax ( )
Address:                      City:                      State:                      Zip:	Name of Superintendent
Phone ( )	Name of Signatory
Alternate or Cell Phone ( )	Title of Signatory
Email	Signature of Official