

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 | EST. TYPE: | EST. NO.: |
| DATE PAID: _____ | <u>50</u> | _____ |
| <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER | | COUNTY: _____ |
| CHECK/M.O #: | | 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 | MAILING ADDRESS: |
| APPLICANT/OWNER NAME: _____ | Street: _____ |
| PRIMARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/> | City: _____ |
| SECONDARY NUMBER: _____ cell <input type="checkbox"/> home <input type="checkbox"/> | State: _____ Zip: _____ |
| EMAIL ADDRESS: _____ | |

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|---|
| 2. PRIMARY RESIDENCE WHERE PRODUCTS ARE PROCESSED: |
| Street: _____ |
| City: _____ State: _____ Zip: _____ |
| GPS coordinates, if known: Lat: _____ Long: _____ |

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|---|
| 3. LIST ALL HOME-BASED FOOD PRODUCTS TO BE PRODUCED: |
| _____ |
| _____ |
| _____ |
| _____ |

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| 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.

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| 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

