

# APPLICATION FOR HOME FOOD ESTABLISHMENT LICENSE

Return application and payment to:

A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC  
 12307 HWY 5 -  
 PO BOX 399  
 MORAVIA, IA 52571-0399

Phone : (641)724-3511

License # _____	Exp Date : _____
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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 :

**A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC**

Signature of Applicant : \_\_\_\_\_

Title of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

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