New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Public Health and Food Protection Program
PO Box 369, Trenton, NJ 08625-0369
Telephone: (609) 826-4935
www.nj.gov/health/foodanddrugsafety

STATE USE ONLY

APPLICATION FOR COTTAGE FOOD OPERATOR PERMIT

- *Complete all information. The Department will not process incomplete applications.*
- *Mail completed application, application fee, and required attachments to the Department at the address above.*
- *Application fees are non-refundable.*

IMPORTANT: *This application is subject to public access and disclosure pursuant to N.J.S.A. 47:1A-1 et seq., and other laws. If privacy or confidentiality concerns exist with respect to information the applicant must supply in support of this application, please telephone the Public Health and Food Protection Program* ***before submitting application****.*

SECTION I – APPLICATION INFORMATION

Application Date	**Check or Money Order/Payment Confirmation Number**	**Payment Date**

Type of Request

- ◉ A new permit.
- ○ Renewal of an existing permit. License number: _____

SECTION II – APPLICANT INFORMATION

Applicant Name *First Name* *Middle Initial* *Last Name*

Business trade name or "doing business as" (DBA) name (if applicable)

Applicant Residential Street Address *(this must be the same as the location of the kitchen at which applicant will prepare cottage food products)*
Street Address 1 *Street Address 2* *City* *State* *Zip Code*

Mailing Address *(if different than applicant residential address)*
Street Address 1 *Street Address 2* *City* *State* *Zip Code*

Telephone Number	**Email Address** (at which applicant will receive official Department communications)

SECTION III – COTTAGE FOOD PRODUCT INFORMATION

Indicate the information below for the non-TCS food that the applicant will produce as a cottage food operator. Applicant should indicate each major food allergen that a product type is likely to contain, click all that apply. Enter more products on page 3. **Note: Requests for approval of other non-TCS food products not listed may be submitted to the Department in writing pursuant to N.J.A.C. 8:24-11.*

Product Type	**Dried fruit**	**Major Food Allergens**	☐ Milk ☐ Peanuts ☐ Shellfish ☐ Tree Nuts ☐ Fish ☐ Soybean ☐ Eggs ☐ Wheat
Product Name			
Product Type	**(Select Item)**	**Major Food Allergens**	☐ Milk ☐ Peanuts ☐ Shellfish ☐ Tree Nuts ☐ Fish ☐ Soybean ☐ Eggs ☐ Wheat
Product Name			
Product Type	**(Select Item)**	**Major Food Allergens**	☐ Milk ☐ Peanuts ☐ Shellfish ☐ Tree Nuts ☐ Fish ☐ Soybean ☐ Eggs ☐ Wheat
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Product Name			

SECTION IV – APPLICANT REPRESENTATIONS AND CERTIFICATION

Facility Requirements

(Y/N) The cottage food operation is in a private dwelling where I reside.

(Y/N) All cottage food products are prepared in the private kitchen within my home.

(Y/N) Sleeping quarters are excluded from areas used for cottage food preparation and storage.

Sanitation Requirements

(Y/N) Handwashing facilities are conveniently located, accessible, and supplied with warm running water, soap, and clean paper towels

(Y/N) Kitchen equipment and utensils used for cottage food preparation are clean and in good repair.

(Y/N) Food contact surfaces are cleaned and sanitized before each use.

(Y/N) The premises are maintained free of rodents and insects.

Cottage Food Preparation and Packaging Requirements

(Y/N) Food workers wash their hands before working with food, and after any activity that contaminates the hands such as after using the restroom, eating, smoking, or touching pets.

(Y/N) Food workers do not handle ready-to-eat food with their bare hands. Single-use gloves, tongs, or other effective means are used.

(Y/N) If used, single-use gloves are changed or replaced as often as handwashing is necessary.

Limitations/Exclusions During Cottage Food Preparation and Packaging

(Y/N) Domestic activities such as family meal preparation, dishwashing, clothes washing, and kitchen cleaning are not conducted.

(Y/N) Infants, children and pets are excluded from the kitchen.

(Y/N) Potable drinking water is used for handwashing and warewashing, and as a cottage food product ingredient.

(Y/N) Smoking is prohibited.

(Y/N) Ill food workers are excluded from the kitchen.

Prerequisite Information

(Y/N) I have checked with my local municipal government and there are no local ordinances or zoning requirements that would prevent me from operating a home-based food business.

(Y/N) Does the cottage food kitchen use private well water?

- If Yes, submit a copy of microbiological (total coliform) analysis of the private well water that is conducted using samples collected no earlier than 60 days prior to the filing date of this application.
- If No, submit a copy of most recent water bill for the location of the cottage food kitchen.

(Y/N) I am a certified food protection manager in good standing with the accredited program. I attach a true copy of my food protection manager certificate or other proof of my credential.

(Y/N) I am aware that my gross annual sales from cottage food products cannot exceed $50,000. If this is an application to renew my existing cottage food operator permit, I represent that in the past year, gross sales receipts from cottage food products did not exceed $50,000.

(Y/N) Photocopies of original records that I am submitting with this application are true, complete, and correct copies of the original records.

I certify that the statements I make in this application are true. I am aware that if any statement I make in in this application is willfully false, I am subject to civil administrative penalties under N.J.A.C. 8:24-8.9, denial of my application and/or revocation of my permit. By typing my name below, I intend to sign this Application for Cottage Food Operator Permit.

Name of Applicant: _____ **Date:** _____

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service

APPLICATION FOR COTTAGE FOOD OPERATOR PERMIT

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