**Application for Home Processor Inspection**

**Section 1 Business Information**

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF PROCESSING FACILITY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address City Zip County

APPLICANT MAILING ADDRESS (if different from above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address City Zip County

ADDITIONAL CONTACT INFORMATION:

Primary phone # Alternate phone #

Email Address

**Section 2 Home Requirements**

Have you contacted your local town/city zoning committee to verify you can operate a food business on this property?  Yes  No

The business will be using:

A public water supply: Attach a current copy of your bill.

A non-public/non-municipal water supply (ex. well water): You must have your water tested for coliforms within one year of your application submission. Include a copy of your test results with your completed application.

Do you have pets that come in your home at any time?\*  Yes  No

**\* Pets in the home are a violation of Good Manufacturing Practices**

**Section 3 Production Information**

TYPE OF PRODUCTION:\*

Baked Goods

Breads  Jams or Jellies  Peanuts

Cakes  Honey  Candy

Pies  Dry Goods

Cookies

Other (please list):

**\* Products not processed or manufactured in any way (gift baskets, prepackaged goods) do not require inspection.**

**Only finished products that are shelf stable and do not need refrigeration may be produced in a home kitchen.**

**Low-acid canned foods may not be produced at home.**

**Cream cheese frosting requires lab testing before it can be produced in a home kitchen.**

DESCRIBE YOUR PRODUCT (types, styles, packaging, etc.)

How often will you operate/produce your product?

(ex. days/week): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of employees anticipated:

ATTACH A BRIEF WRITTEN BUSINESS PLAN TO INCLUDE:

1. Provide detailed list of specific products by name that will be produced in the home kitchen
2. Indicate where the home kitchen is located ( ex. Relative or friend’s kitchen, separate kitchen in basement, converted garage, free standing building on owner’s property, church kitchen)
3. Ingredients used and the suppliers
4. A plan for storage for supplies, equipment, and finished product
5. A general production flow- including procedures and equipment used
6. How you will transportation of products
7. List potential locations where you plan to sell your product (ex. farmers market, retail from home, local fairs, local businesses)

**Section 4 Product Labeling**

There are two types of “Point of Sale” you must consider with your product labels:  Self-service and Custom/On-demand.

**Self-service** - the customer picks up/selects the item they want instead of you serving it from inside a display case or tub. Products packaged for self-service sale must be labeled and adequately packaged to protect them from contamination.

**The following situations require an affixed product label**: sale over the internet; farmer’s markets; flea markets; curb or tailgate markets; trading posts; retail stores.

**A product ingredient label must include the following:**

**1. Product name**

**2. Manufacturer’s name and physical address.** NOTE:  The use of a website address cannot be substituted for the required information.

**3. Net quantity contents of the product in either ounces/pounds and the gram weight equivalent, or fluid ounces and the mL equivalent.**

**4. Complete list of ingredients in order of predominance by weight.**

**LABEL EXAMPLE**

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Vanilla Cake

Ingredients:  Sugar(pure cane sugar); shortening(soybean oil, fully hydrogenated palm oil, partially hydrogenated palm and soybean oils, mono and diglycerides, TBHQ, citric acid); flour(bleached wheat flour, malted barley flour, niacin, iron, thiamin mononitrate, riboflavin, folic acid); eggs; milk(reduced fat milk, vitamin A palmitate, vitamin D3); salt(salt, calcium silicate, dextrose, potassium iodide); baking soda(sodium bicarbonate); vanilla(water, sugar, caramel color, artificial flavor, citric acid, sodium benzoate)

Made by:  Smith’s Bakery

1234 Home Street

Raleigh, NC  27607

Net Weight:  4 ounces/113 grams.

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**Creating the ingredient statement:**

**Step 1:** **List ingredients in descending order by weight.** The ingredient that weighs the most in the recipe is listed first and the ingredient that weighs the least is listed last.

**Step 2:** **Review the ingredient statement that is listed on each ingredient package.** Any ingredient which has two or more components must be declared in parentheses beside of the ingredient.

**The label can be produced by the following methods:**

- Format onto the sticker type label that can be printed from a personal computer

- Print label and affix to the package of food

- Professional printing

**Please submit one example label for review. The example format should be followed.**

**Custom or On-demand Service Foods** “custom made” or “on demand” (ie: wedding  or specialty event cake, cake for a restaurant to serve, or a dozen cookies in bulk package for a restaurant to serve) can be exempt from individual labeling requirements. Also, if the product is served on demand from a secure bulk container or display case and the customer must ask you for the product, it is exempt from labeling. However, the ingredient information must be available upon request by the consumer.

A copy of my product label is attached.

My product will not require a label as it will be sold custom/on demand **OR** from a secured bulk container on demand

**Section 5 Applicant Signature**

This application and all requested materials, as listed below, should be submitted to:

[**homeprocessing@ncagr.gov**](mailto:homeprocessing@ncagr.gov)

**or**

**Kaye J. Snipes**

**169 Boone Square Street, #168**

**Hillsborough, NC  27278**

By signing this application, you are confirming that all information is accurate and true. Failure to supply all requested information may result in a delay in processing your application.

Please allow two weeks for processing of your application from the date of post marking.

Once your application is approved, a Food Regulatory Specialist will contact you to arrange an on site inspection.

Inspectors may require that your product be tested for pH and/or water activity prior to the inspection to ensure it is safe for home production.

Following a compliant inspection, you will be permitted to produce and sell your product.

Applicant Signature Date

Printed Name

**Section 6** **Attachment Checklist**

Ensure the following are included with your application:

Water bill or water coliforms test results (required per Section 2)

Business plan (required per Section 3)

Product label (if required per Section 4)

Acidified Foods Course Certificate (if required per Section 3)