



GEORGIA DEPARTMENT OF AGRICULTURE - LICENSING DIVISION

19 Martin Luther King Jr Dr SW, Room 604 Atlanta, GA 30334
404.586.1411 (TEL) • 855.424.5423 (TOLL FREE) • 404.586.1126 (FAX)

Gary W. Black
COMMISSIONER

COTTAGE FOOD ESTABLISHMENT LICENSE APPLICATION

ESTABLISHMENT INFORMATION

Firm Name (Doing Business As)	Water: Well or Public	Water: Sewer or Septic
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PHYSICAL ADDRESS

Street Address	City	County	Zipcode
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MAILING ADDRESS (If Different from PHYSICAL ADDRESS)

Street Address	City	County	Zipcode
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OWNER INFORMATION

Type: Individual, LLC, Partnership, or Corporation	Phone Number
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CO-OWNERS/PARTNERS/CORPORATE OFFICERS

Name	Title
Name	Title

EMAIL ADDRESS (Valid Email Address Required for License Renewal)

COTTAGE FOOD PRODUCT LIST (Indicate Each Type Of Product You Intend To Produce)

- | | |
|---|--|
| <input type="checkbox"/> Breads, Rolls, & Biscuits | <input type="checkbox"/> Cakes & Cupcakes |
| <input type="checkbox"/> Candies & Confections | <input type="checkbox"/> Cereals, Trail Mixes, & Granola |
| <input type="checkbox"/> Coated / Uncoated Nuts | <input type="checkbox"/> Dried Fruits |
| <input type="checkbox"/> Dry Herbs, Seasonings, & Mixtures | <input type="checkbox"/> Fruit Pies |
| <input type="checkbox"/> Jams, Jellies, & Preserves | <input type="checkbox"/> Pastries & Cookies |
| <input type="checkbox"/> Popcorn, Popcorn Balls, & Cotton Candy | <input type="checkbox"/> Vinegars & Flavored Vinegars |

PREREQUISITES

- I have checked with my city and county governments, and there are no local ordinances that would prevent me from operating a home based business.
- I have checked with my local public utilities to ensure that my cottage food operations meet their approval for the existing sewage system, or I have checked with the local health department to ensure my septic system is adequate for my intended operations.
- I have attached either a copy of my most recent water bill, or the lab results where I had my private well tested for coliforms and nitrates.
- I have completed an accredited food safety training course, and a copy of my certificate is attached to this License Application.



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COTTAGE FOOD OPERATOR RESPONSIBILITIES

I have read and understand the Food Safety Directives contained in the Cottage Food Regulations 40-7-19-.08.

INITIALS

I understand that I can only make the Cottage Food Products listed on this application form, and that the sales of these products can only be to the end consumer.

INITIALS

I understand that I can only sell these products within the state of Georgia, and that I cannot ship my products across state lines without having first obtained a Food Sales Establishment License from the Georgia Department of Agriculture and registering with the FDA according to the Bioterrorism Act.

INITIALS

I understand that if I sell my products by weight that I have to use a scale that is legal for trade, and that it is my responsibility to contact the Georgia Department of Agriculture to have my scale certified annually.

INITIALS

RIGHT OF ENTRY

Pursuant to O.C.G.A. § 26-2-36(a), the Georgia Department of Agriculture is authorized to have free access during all hours of operation and at all other reasonable hours to any establishment where food is manufactured, processed, packed or held for introduction into commerce. By completing this application, I understand the foregoing and hereby grant the Department right of entry to the residence, during the normal business hours, or at other reasonable times, for the investigation of consumer complaints, foodborne disease outbreaks, or other public health emergencies. I understand that inspections due to consumer complaints or foodborne illnesses investigations are required to be conducted within one hour upon receiving notice of the intent to conduct an investigation. I further understand that refusing entry of a Department representative, and any additional investigators with appropriate credentials who may accompany the Department for the purposes of investigating consumer complaints or foodborne illnesses, shall be grounds for revocation of my Cottage Food License.

Applicant - Printed Name	Applicant - Title
Applicant Signature	Date

Licensing Information:	Annual License Fee* - \$100 *New applicants pay \$50 after June 30th.	Annual GDA Water Test† - \$100 †Private water systems only	Make Checks Payable To: GEORGIA DEPARTMENT OF AGRICULTURE
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DEPARTMENT USE ONLY

Accounting Code: 09-07 421 021 202

Date Received	Check Date	Check Number	Amount Paid	Secretary of State Information (If Applicable) <input type="checkbox"/> Verified <input type="checkbox"/> Attached into DHD
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REMARKS

Please return the completed application form and supporting documents to the Georgia Department of Agriculture, Licensing Division.

Either by fax (404.586.1126) or to the Licensing Coordinator at Sonya.Mitchell@agr.georgia.gov