CFO-01, Rev 6/19

STATE OF CONNECTCUT DEPARTMENT OF CONSUMER PROTECTION

LICENSE SERVICES DIVISION 450 Columbus Blvd, Ste 801 Hartford, CT 06103 Telephone: (860) 713-6160

Email: dcp.foodandstandards@ct.gov

To apply online visit: www.ct.gov/dcp/apply



| For Official Use Only | | | | | |
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Application for Cottage Food Operation

- Cottage food operation means any person who produces cottage food products only in the home kitchen of such person's private residential dwelling and only for sale directly to the consumer and who does not operate as a food service establishment.
- This completed application **must be accompanied by a check or money order in the amount of \$50.00** made payable to "*Treasurer*, *State of Connecticut*" and mailed to the above address. Application fees are non-refundable.
- All licenses expire annually on February 28th.

| Applicant Information | | | | | | | | |
|---|---------------------------------------|------------------------|---|--------------------------------------|---------------------------------------|-------|----------|--|
| Name of Individual Responsible for Cottage Food Production | | | | | | | | |
| | | | | | | | | |
| Business Trade Name (DBA) | | | | | | | | |
| | | | | | | | | |
| Street Address of Cottage Food Kitchen | | City | | State | Zip Code | | | |
| | | | | | | | | |
| Telephone Number Date of Birth Email | | | Address to be used for all correspondence (mandatory) | | | | | |
| | | 1 | | | | | | |
| Mailing Address (if different than above) | | | | | | | | |
| | Address | man above) | | City | | State | Zip Code | |
| | | | | , | | | | |
| Plans | se check (V) each tyn | a of parmissible Cotts | age Fo | od Pre | oduct(s) you intend to produ | 1100. | | |
| 1 leas | · · · · · · · · · · · · · · · · · · · | - | age Fo | ou i i | Dried Pasta | uce. | | |
| | Breads, Rolls & Biscuits Brownies | (piain, unstuned) | | | Cooked Fruit Pies (excluding pumpkin) | | | |
| Cakes & Cupcakes* | | | | Fudge | | | | |
| Candies & Confections | | | | Granola | | | | |
| Chocolates | | | | Jams, Jellies & Preserves | | | | |
| | Coated/Uncoated Nuts | | | | Marshmallow Products | | | |
| Coffee & Teas | | | | Pastries (non-potentially hazardous) | | | | |
| | Cookies | | | | Popcorn, Popcorn Balls & Cotton Candy | | | |
| | Dried Fruit & Fruit Leathers | | | | Vinegar and Flavored Vinegars | | | |
| Dried Herbs, Seasonings & Mixtures | | | | | | | | |
| *Buttercream, fondant, or other non-dairy, egg-free frostings or fillings only. Raw cut fruit, egg custard or milk based/cheese frostings or fillings are | | | | | | | | |
| prohibited, however eggs and milk well incorporated in batter and baked are permissible. See our website at www.ct.gov/dcp for more information. | | | | | | | | |
| ➤ Any product(s) not listed as allowed above may be submitted to the Department of Consumer Protection for approval. Submission does not guarantee approval. Approval from this department is required before production can begin. | | | | | | | | |
| Please list intended product(s), include type, name and description of product(s) and method of production. | | | | | | | | |
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| Prerequisites | | | | | | |
|---|--|--|--|--|--|--|
| 1. Do you have city water? Yes No If Yes, I have provided a copy of my most recent bill. | | | | | | |
| 2. Do you have private well water? Yes No If Yes, I have provided a copy of the water analysis completed within the past year. | | | | | | |
| 3. I have checked with my local town/municipal government and there are no local ordinanaces that would prevent me from operating a home based food business. Yes No | | | | | | |
| 4. I have checked with my local public utilities to ensure my cottage food operations meets their approval for the existing sewer system and/or I have checked that my septic system is adequate for my intended operations. | | | | | | |
| 5. I have completed an approved food safety training course and have provided a copy of my certification. | | | | | | |
| 6. I agree to grant access to the Connecticut Department of Consumer Protection to conduct an inspection of my cottage food operation's primary domestic residence for routine inspection, in the event of a consumer complaint and/or in the event of a foodborne illness outbreak. Yes No | | | | | | |
| Certification | | | | | | |
| I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge. | | | | | | |
| Signature of Applicant Title Date | | | | | | |