

Lee County Health Department

Telephone: 319-372-5225 or 800-458-6672

HOME FOOD ESTABLISHMENT LICENSE APPLICATION

Mail completed application to:

Lee County Health Department
2218 Avenue H
Fort Madison, IA 52627

Date of Application: _____

Anticipated Opening Date _____

Has ownership changed since last license issued? Yes No

If yes, give previous owner _____, business name _____, and license number: _____ (if known)

License Fee: \$33.75

Establishment Information (if any information has changed, update information on renewal application)

Note: a new application is required for change in the business address or ownership

Name of Business: _____ Ownership Type: _____

Owner's Name: _____ Business Phone Number: _____

Alternative or Cell Phone _____ Business E-mail Address : _____

Physical Business Address: _____ Suite# _____ County: _____

City: _____ State: _____ Zip Code: _____

Person-In Charge (onsite) _____ Title of Person-In-Charge _____

Person-In-Charge Phone _____ Person-In-Charge Email _____

Mailing address for all correspondence, if different than above:

Attn: _____ Telephone Number: (____) _____

Street or Route: _____ Suite# _____ City: _____ State: _____ Zip code: _____

A Home Food Establishment is a licensed bakery located in a residence. A Home Food Establishment may prepare refrigerated or unrefrigerated baked goods for sale directly to household consumers for off premises consumption or to other retail outlets. Baked goods that do not require refrigeration may be sold from the residence or at a farmer's market without a Home Food License. Baked goods are defined as; *bread, cakes, doughnuts, pastries, buns, rolls, cookies, biscuits and pies (except meat pies).*

Sales Type (Select all that apply) Sales from residence Farmer's market ‡ Internet ‡ Mail Order Other retail locations Restaurants Wholesale ‡ Other specify _____

Product Information (select products prepared): ‡ Breads Cakes Pastries Buns Rolls Cookies Biscuits ‡ Pies ‡ Other specify: _____

License Fee: \$33.75

Applicants Name (Print): _____ Applicants Signature: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Check #	Date Received	Amount Received
Check Name	Penalty amount	Amount Due