

**APPLICATION FOR HOME-BASED MICROPROCESSOR CERTIFICATION**

CERTIFICATION FEE: \$50.00

Date Paid \_\_\_\_\_ Check

Cash

Money Order

|            |   |
|------------|---|
| Action     |   |
| New        | N |
| Change     | C |
| Deleted    | D |
| Reactivate | R |

|          |  |  |  |  |
|----------|--|--|--|--|
| Est. No. |  |  |  |  |
|          |  |  |  |  |

|           |   |
|-----------|---|
| Status    |   |
| Active    | A |
| Inactive  | I |
| Hold      | H |
| No. App.  | N |
| Suspended | S |

|        |  |  |
|--------|--|--|
| County |  |  |
|        |  |  |

|             |  |  |  |
|-------------|--|--|--|
| Home County |  |  |  |
|-------------|--|--|--|

|            |  |  |  |  |
|------------|--|--|--|--|
| Sanitarian |  |  |  |  |
|            |  |  |  |  |

|              |  |  |
|--------------|--|--|
| Insp. Intvl. |  |  |
|              |  |  |

|              |  |  |
|--------------|--|--|
| Type of Est. |  |  |
|              |  |  |

|         |  |  |
|---------|--|--|
| Program |  |  |
|         |  |  |

**ITEMS 10 – 12 TO BE COMPLETED BY THE FARMER (PLEASE PRINT)**

A. Physical Address of farmland on which primary food ingredient(s) is grown:

\_\_\_\_\_  
Farm Name                                      Street/Hwy                                      Rural Route Number                                      City                                      State                                      Zip

Number of acres at above address owned or leased: \_\_\_\_\_

If above farmland is leased, Name, Mailing Address and Telephone Number of property owner:

\_\_\_\_\_  
Name                                      Street Address                                      City                                      State                                      Zip                                      Phone Number

B. Name and physical address of farmer's primary residence or certified kitchen where products are processed:

\_\_\_\_\_  
Name                                      Street Address                                      City                                      State                                      Zip

**(Please Check One)**

Sewage:  Public  Private If private, is system functioning properly?  Yes  No

Water:  Public  Private

C. Farmer's Name, Mailing Address and Telephone Number:

\_\_\_\_\_  
Farmer's Name                                      Mailing Address                                      City                                      State                                      Zip                                      Phone Number

D. List Food Products to be Produced: \_\_\_\_\_

11 Checklist of documents to be attached with this application:

- \_\_\_ Written agreement from owner to use certified kitchen (if applicable)
- \_\_\_ Verification of water source approval if other than municipal
- \_\_\_ Verification of Processing Authority review for **each** food item/recipe
- \_\_\_ Verification of attendance and successful completion of approved processing school
- \_\_\_ Copies of draft food product labels for **each** Microprocessed food

**NOTE: APPLICATIONS FOR MICROPROCESSOR CERTIFICATION WHICH LACK THE ABOVE INFORMATION WILL RESULT IN CERTIFICATION DELAY.**

12 I attest that the information provided in this application is true and accurate and all home-based microprocessing will be in compliance with 902 KAR 45:090.

Applicant Name (Please Print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prohibited Products: Potentially hazardous foods, including but not limited to crème filled pies, custard, custard pies, pies with meringue topping, cheesecake, cream, custard and meringue pastries, raw seed sprouts, and garlic-in-oil mixtures. Foods vacuum-packaged in containers other than mason-type glass jars. Canned, pureed baby foods are prohibited.**

New or Additional Plumbing Construction Approval

By \_\_\_\_\_  
Plumbing Inspector                                      Date

\_\_\_\_\_  
Health Authority                                      Date