

REVIEW FORM FOR COTTAGE FOODS PRODUCER

For Department Use Only



ALABAMA DEPARTMENT
OF PUBLIC HEALTH

____ County
____ Date Received
____ Date Reviewed
____ Application ID
____ Date of Expiration for Food Safety Course

First Name _____ Last Name _____

Business Name _____

Physical Address _____

City _____ ALABAMA Zip Code _____

Mailing Address _____

City _____ ALABAMA Zip Code _____

Phone _____ Email _____

PRODUCTS PRODUCED

☐ Copy of Label

(Label must include name, address, list of ingredients in descending order of predominance, statement saying "Products are not inspected by the Health Department", and disclaimer that the food may contain allergens, all in at least 10-pt font)

☐ Copy of current Food Safety Course Certification

☐ pH or Water Activity Verification from a Processing Authority (if applicable)

I understand that under these provisions, foods can only be produced in my primary home kitchen for direct sales to the final consumer within the state of Alabama.

Signed : _____