

Steve W. Troxler Commissioner

# North Carolina Department of Agriculture and Consumer Services

Food and Drug Protection Division

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# **Application for Home Processor Inspection**

Section 1 Business Information			
NAME OF APPLICANT:			
NAME OF BUSINESS:			
ADDRESS OF PROCESSING FACILITY:			
Street address	City	Zip	County
APPLICANT MAILING ADDRESS (if different	from above)		
Street address	City	Zip	County
ADDITIONAL CONTACT INFORMATION:			
Primary phone #	A	Alternate phone #	
Email Address			
A non-public/non-munic	Attach a current copy of yo	our bill. l water): <i>You m</i>	ust have your
water tested for coliforms within test results with your completed at  Do you have pets that come in your home at any ti	application.	bmission. Include	a copy of your
* Pets in the home are a violation of Good Manufactu		<b>_</b>	

Section 3	Production Information
	RODUCTION:*
Baked G	oods
Bre	ads
Cal	
Pie	
∐ Coo	pkies
Other (p	lease list):
* Products th require insp	at are not processed or manufactured in any way such (i.e. gift baskets prepackaged goods, etc.) do not pection.
home k - Low-ac	nished products that are shelf stable and do not require refrigeration may be produced in a citchen. Fid canned food products are prohibited from being produced in the home. Cheese frostings require lab testing to determine if it can be produced in the home kitchen.
DESCRIBE	YOUR PRODUCT (types, styles, packaging, etc.)
	EN WILL YOU OPERATE/PRODUCE YOUR PRODUCT? eek):
NUMBER (	OF EMPLOYEES ANTICIPATED:
ATTACH A	A BRIEF WRITTEN BUSINESS PLAN TO INCLUDE:
1.	Provide a detailed list of specific products by name that will be produced in the home kitchen
2.	Indicate where the home kitchen is located (i.e. home kitchen, converted kitchen in basement or garage, etc.)
3.	Detailed list of ingredients used and the suppliers
	A plan for storage for supplies, equipment, and finished product
	A general production flow- including procedures and equipment used
6.	How you plan to transport products to customers (i.e. personal vehicle, food truck, etc.)
7.	List potential locations where you plan to sell your product (i.e. local businesses, retail from
	home, etc.)

# **Section 4 Product Labeling**

There are two types of "Point of Sale" you must consider with your product labels: Self-service and Custom/On-demand.

**Self-service** - the customer picks up/selects the item they want instead of you serving it from inside a display case or tub. Products packaged for self-service sale must be labeled and adequately packaged to protect them from contamination.

Custom or On-demand Service Foods "custom made" or "on demand" (i.e. directly to consumers from your home, special events, etc.) can be exempt from individual labeling requirements. Also, if the product is served on demand from a secure bulk container or display case and the customer must ask you for the product, it is exempt from labeling. However, the ingredient information must be available upon request by the consumer.

Application for Home Food Processor

The following situations require an affixed product label: Products shipped through U.S. postal services (i.e. USPS, FEDEX, etc.); packaged products sold at farmer's markets, flea markets, curb or tailgate markets for self-service; products sold to retail stores, distributors, or restaurants. In addition to a common label, a nutritional label may be required if certain claims are made (ex. gluten or sugar free).

# A product label must include the following:

- 1. Product name
- 2. Manufacturer's name and physical address.

  (NOTE: The use of a website address cannot be substituted for the required information)
- 3. Net quantity contents of the product in either ounces/pounds and the gram weight equivalent, or fluid ounces and the mL equivalent.
- 4. Complete list of ingredients in order of predominance by weight.

### LABEL EXAMPLE

Ingredients: Sugar(pure cane sugar); shortening(soybean oil, fully hydrogenated palm oil, partially hydrogenated palm and soybean oils, mono and diglycerides, TBHQ, citric acid); flour(bleached wheat flour, malted barley flour, niacin, iron, thiamin mononitrate, riboflavin, folic acid); eggs; milk(reduced fat milk, vitamin A palmitate, vitamin D3); salt(salt, calcium silicate, dextrose, potassium iodide); baking soda(sodium bicarbonate); vanilla(water, sugar, caramel color, artificial flavor, citric acid, sodium benzoate)

Made by: Smith's Bakery 1234 Home Street Raleigh, NC 27607

### **Creating the ingredient statement:**

- Step 1: List ingredients in descending order by weight. The ingredient that weighs the most in the recipe is listed first and the ingredient that weighs the least is listed last.
- Step 2: Review the ingredient statement that is listed on each ingredient package. Any ingredient which has two or more components must be declared in parentheses beside of the ingredient.

# The label can be produced by the following methods:

- Format onto the sticker type label that can be printed from a personal computer
- Print label and affix to the package of food
- Professional printing

A copy of my product label is attached	1.
My product will not require a label as i container on demand	t will be sold custom/on demand <b>OR</b> from a secured bulk

Section 5 Applicant Signature			
This application and all requested materials, as listed below, should be submitted to:			
homeprocessing@ncagr.gov			
or			
Kaye J. Snipes 169 Boone Square Street, #168 Hillsborough, NC 27278			
By signing this application, you are confirming that all information is accurate and true. Failure to supply all requested information may result in a delay in processing your application.			
Please allow six to eight weeks for processing of your application from the date of post marking. Once your application is approved, a Food Regulatory Specialist will contact you to arrange an onsite inspection.			
Inspectors may require that your product be tested for pH and/or water activity prior to the inspection to ensure it is safe for home production.			
Following a compliant inspection, you will be permitted to produce and sell your product.			
Applicant Signature Date			
Printed Name			
Section 6 Attachment Checklist			
Ensure the following are included with your application:			
<ul> <li>□ Water bill or water coliforms test results (required per Section 2)</li> <li>□ Business plan (required per Section 3)</li> <li>□ Product label (if required per Section 4)</li> <li>□ Acidified Foods Course Certificate (if required per Section 3)</li> </ul>			