



HOME BAKERY LICENSE APPLICATION

Mail completed application to:

Iowa Department of Inspections & Appeals
Food & Consumer Safety Bureau
321 East 12th Street, Third Floor
Des Moines, IA 50319-0083

Date of Application: _____
 Anticipated Opening Date: _____
 Has ownership changed since last licensed 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 Email 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).

Attention:		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 Establishment License**. Baked goods are defined as: *bread, cakes, doughnuts, pastries, buns, rolls, cookies, biscuits and pies (except meat pies)*.

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

Product Information [] Breads [] Cakes [] Pastries [] Buns [] Rolls
 (Select all that apply) [] Cookies [] Biscuits [] Pies [] Other specify _____

License Fee: \$33.75

Applicant's Name (Print):	Applicant's Signature:
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DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

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