

ODAFF
Food Safety Division
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OFFICIAL USE ONLY
RECEIPT #
AMOUNT \$
DATE:

Homemade Food Freedom Act PRODUCER REGISTRATION FORM

Business Name (if applicable): _____

Producer Name: _____

Physical Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone #: _____

E-mail address (optional): _____

1. I understand that this registration is optional and allows me to replace my name, address, and phone number with the registration number I will receive on my Homemade Food Freedom Act Labels. I still am required to include the list of ingredients, list of major allergens, and legal statement on the label.
2. I understand that this registration is only good for one year and I will need to renew my registration to get a new number one year from now.
3. My contact information could still be obtained through an open records request.
4. I understand that meat, seafood, cannabis, unpasteurized milk products, and alcoholic beverages are not allowed under this law.
5. If I produce a time-or-temperature-control-for-safety (TCS) food I must also complete a food handler course or the OSU Homemade Food Freedom Act Workshop and I can only sell TCS foods direct to the consumer.
6. I must include \$15 and mail this form back to ODAFF Food Safety Division.

Applicant's signature

Click or tap to enter a date.

Date