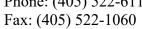
ODAFF Food Safety Division P.O. Box 528804

Oklahoma City, OK 73152 Phone: (405) 522-6119





OFFICIAL USE ONLY
RECEIPT#
AMOUNT \$
DATE:

Homemade Food Freedom Act PRODUCER REGISTRATION FORM

Busi	ness Name (if applicable):				
Proc	ucer Name:				
Phys	sical Home Address:				
City:		State:	Zip:		
Maili	ng Address (if different):				
City:		State:	Zip:		
Tele	phone #:				
E-m	ail address (optional):				
 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. 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. My contact information could still be obtained through an open records request. I understand that meat, seafood, cannabis, unpasteurized milk products, and alcoholic beverages are not allowed under this law. 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. I must include \$15 and mail this form back to ODAFF Food Safety Division. *Do NOT send cash* 					
	Applicant's signature	Date	I		