

**ODAFF**  
**Food Safety Division**  
P.O. Box 528804  
Oklahoma City, OK 73152  
Phone: (405) 522-6119  
Fax: (405) 522-1060



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.  
\*Do NOT send cash\*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date