

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
REVIEW OF LABEL AND FOOD SAFETY CLASS
FOR COTTAGE FOODS PRODUCER**

Date: _____, 20____

County: _____

Name of Cottage Food Producer: _____

Street Address: _____ Phone: () _____ - _____

City/Town: _____ Zip Code: _____

Products Produced: _____

- Copy of Label Included**
(name, address, and a statement saying products are not inspected by the Health Department)
- Copy of Current Food Safety Course Certification**

I understand that under these provisions foods can only be produced in my primary home kitchen for direct sales to the final consumer and excludes internet sales.

Signed _____

Title _____

FOR OFFICIAL USE ONLY

Reviewed By:

Local Health Department

Date _____

Review Number:

Expiration Date of Food Safety
Certificate:
