

HOME BAKERY LICENSE APPLICATION

Siouxland District Health Department

1014 Nebraska Street
 Sioux City, IA 51105
 712-279-6119 • 800-587-3005
www.siouxlanddistricthealth.org

Application Date : _____
 Anticipated Opening Date: _____
 Has ownership changed since last licensed issued?
 Yes No New establishment
 If yes, previous owner: _____
 Business name: _____
 License number (if known): _____

Application for home bakeries located in Woodbury, Plymouth, Sioux, Lyon, Osceola, O’Brien, Cherokee, Clay, Dickinson, Palo Alto, and Emmet counties in Iowa. **Note:** A new application is required for a change in the business address or ownership.

ESTABLISHMENT INFORMATION

Name of Business:		Ownership Type:	
Owner Name:		Business Phone Number:	
Cell or Emergency Contact Number:		Business Email Address:	
Business Physical 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 from above.

Attention:			Telephone Number:	
Street or Route:	Suite:	City:	State:	Zip Code:

A **Home Bakery** is a licensed bakery located in a residence. A Home Bakery 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 directly from the residence or at a Farmer’s Market without a Home Bakery license. Baked goods are defined as: breads, cakes, doughnuts, pastries, buns, rolls, cookies, biscuits, and pies (except meat pies). Annual gross sales of a home bakery may not exceed \$35,000.

Sales Type: Sales from residence Farmer’s Market Internet Mail Order Other (specify) _____
 Other retail locations Restaurants Wholesale

Product Information: Breads Cakes Pastries Buns Rolls Cookies
 Biscuits Pies Refrigerated Items Other _____

Water Source: Public water supply Private well

License Fee \$50.00
 (Nonrefundable)

Submit payment and completed application to: **Siouxland District Health Department**
1014 Nebraska Street
Sioux City, IA 51105

Applicant Name (Print): _____ **Applicant Signature:** _____

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