



City of St. Joseph Cottage Food Operation Application



Last Name, First Name (list each individual):	
Street Address:	
City, State, Zip:	
Doing Business As:	
Mailing Address:	
City, State, Zip:	
Contact Phone:	
Contact Email:	
Website:	
Other:	
Year established:	
Brief summary of products & services offered:	
Estimated # of patrons to be served monthly:	
Client/service target:	
Service area:	
Do you offer the following:	
-Baked good	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list each item/variety:	
-Canned jam or jelly	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list each item/variety:	
-Dried herb	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list each item/variety:	
-Herb mix	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list each item/variety:	
-Other consumable products	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list each item/variety:	