REGISTRATION FOR IDENTIFICATION NUMBER

COTTAGE FOOD PROGRAM

Tyler J Harper
COMMISSIONER

☐ Initial Request ☐ Change of Address: _____
Current GDA Identifier Number

NAME *(Operator's Name or Doing Business As)*		**COUNTY OF RESIDENCE**
PHYSICAL ADDRESS	**CITY**	**ZIP**
MAILING ADDRESS *(If Different)*	**CITY**	**ZIP**

OPERATOR'S NAME *(If DBA Was Entered Above)*	**PRIMARY PHONE**
EMAIL ADDRESS	**SECONDARY PHONE**

Please check the boxes below to acknowledge your receipt of the following information:

☐ Department issued identification numbers are non-transferrable to other cottage food production operations or cottage food operators.

☐ Department issued identification numbers are associated with the residential property's physical address. If a cottage food operator moves to a different location, they will need to re-register and obtain a new identification number from the Department.

☐ Department issued identification numbers only exempt you from labeling or otherwise providing your physical address on your labels, website, display, or point-of-sale materials. Other labeling requirements including but not limited to the operator's or business' name, telephone number, allergen declarations, and cottage food statement are still required by law and regulation.

☐ Information provided on this form is subject to disclosure according to the Georgia Open Records Act.

By signing this form, I attest that the information provided above is true and accurate.

PRINTED NAME _____ **SIGNATURE** _____ **DATE** _____

Please return completed forms **in PDF Format** to: CottageFoodID@agr.georgia.gov

SAVE AS PRINT