



HOME BAKERY LICENSE APPLICATION

Mail completed application to:

Scott County Health Department
600 W 4th Street
Davenport, IA 52801

Date of Application: _____

Anticipated Opening Date: _____

Previous owner name _____,
business name _____, and
license number _____ (if known).

License Fee: \$50.00

Establishment Information

Note: A new application is required for change in the business address or ownership.

Name of Business:		Ownership Type:	
Owner's Name:		Business Phone Number:	
Alternative or Cell Phone:		Business Email Address:	
Physical Business 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 than above).

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

A Home Bakery Establishment is a **licensed bakery located in a residence**. A Home Bakery Establishment **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 from the residence or at a farmer's market without a Home Bakery Establishment License. **Baked goods are defined as: breads, cakes, donuts, pastries, buns, rolls, cookies, biscuits and pies (except meat pies).**

Sales Type

(Select all that apply)

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Sales from residence | <input type="checkbox"/> Farmer's Market | <input type="checkbox"/> Internet | <input type="checkbox"/> Mail Order |
| <input type="checkbox"/> Other retail locations | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Other specify _____ |

Product Information

(Select all that apply)

- | | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Breads | <input type="checkbox"/> Cakes | <input type="checkbox"/> Pastries | <input type="checkbox"/> Buns | <input type="checkbox"/> Rolls |
| <input type="checkbox"/> Cookies | <input type="checkbox"/> Biscuits | <input type="checkbox"/> Pies | <input type="checkbox"/> Other specify _____ | |

License Fee: \$50.00

Applicant's Name (Print):	Applicant's Signature:
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DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

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