



TENNESSEE DEPARTMENT OF AGRICULTURE  
CONSUMERS & INDUSTRY SERVICES  
ATTN: FOOD & DAIRY

PO BOX 40627  
NASHVILLE, TN 37204  
PHONE # 615-837-5193; FAX# 615-837-5005; NewFood.Business@TN.gov

Packages to: 436 Hogan Road  
NASHVILLE, TN 37220

**DOMESTIC KITCHEN ESTABLISHMENT REQUEST**

To be completed by the owner / operator and submitted to the Consumer & Industry Services.  
Please refer to the Tennessee Domestic Kitchen Regulations Chapter 0080-4-11, & 21 CFR Part 117 Current Good Manufacturing Practices, Hazard Analysis and Risk-Based Preventive Controls for Human Food for basic requirements.

NAME OF ESTABLISHMENT \_\_\_\_\_ NAME OF OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
COUNTY \_\_\_\_\_  
PROPOSED DAYS / HOURS OF OPERATION \_\_\_\_\_ OPENING DATE \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

\_\_\_ COPY OF CERTIFICATE OF COMPLETION OF THE TENNESSEE FOOD SAFETY CERTIFICATION COURSE OR EQUIVALENT COURSE  
\_\_\_ NAMES OF PERSON(S) COMPLETING COURSE AND DATE \_\_\_\_\_  
LIST ALL PRODUCTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ ATTACH STEPS OF COMPLETE PROCESSING OF PRODUCT  
\_\_\_ LABELING FOR PRODUCTS PRODUCED AND PACKAGED

EMAIL TO NewFood.Business@TN.gov; or SUBMIT VIA FAX (615) 837-5005; or MAIL PACKAGES TO THE ABOVE STREET ADDRESS

CHECK ONE: WELL WATER \_\_\_\_\_ CITY WATER \_\_\_\_\_ SPRING \_\_\_\_\_  
Submit well water inspection approval from local Health Department or spring approval from Environment & Conservation.

CHECK ONE: CITY SEWAGE \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_

**STATEMENT:** I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE: IF YOU HAVE AN INSIDE PET OF ANY KIND, YOU DO NOT QUALIFY AS A FOOD MANUFACTURER UNDER THE DOMESTIC KITCHEN RULE.**

**REGULATION 0080-4-11-.03 STIPULATES THAT A DOMESTIC KITCHEN SHALL NOT EXCEED 100 UNITS OF SALE PER WEEK.**