

STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE & MARKETS
55 Hanson Place, Brooklyn, New York 11217
www.agriculture.ny.gov

Division of Kosher Law Enforcement
Phone: (718) 722-2852

Kosher Certification Form

1. Name of Establishment: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

2. Name of individual or organization certifying food as Kosher (or state if you are "self-certifying"):

Address and phone number of certifying individual or organization:

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____ Country: _____

3. Affiliation and education of certifying individual or organization: _____

4. The certifying individual or organization visits this establishment _____ times

Daily weekly monthly yearly Continuously on-site

5. Establishments selling or serving meat must complete the following:

a. All meat sold or served by this establishment: is is not soaked and salted.

b. Describe soaking and salting process: _____

6. We do do not exclusively sell or serve kosher food.

7. Establishments selling and serving both kosher and non-kosher food must complete the following:

a. We do do not use separate ovens and sinks for kosher and non-kosher foods.

b. We do do not use separate utensils, refrigerators, freezers and storage areas for kosher and non-kosher foods.

c. All utensils and equipment are are not clearly identified as kosher or non-kosher.

d. Non-kosher products are are not mixed with kosher products and then sold as kosher.

To be completed by the Department.

This form has been filed with the Department of Agriculture and Markets:

Department Representative

Date