

KATHY HOCHUL Governor

RICHARD A. BALL

Commissioner

HALAL REGISTRATION FORM

1.	Name of Establishment:Address:				
	City:		State:	Zip:	
	Phone:		Email:		
2.	Name of Individual or Organization Certifying Food as Halal:				
	City:		State:	Zip:	
	Phone:		Email:		
	On a separate sheet, please state your background, training, education, experience and any other information that shows your qualifications to certify halal product.				
3.	The certifying individual or organization visits this establishment:time(s)				
	daily	weekly	monthly y	early	
6.	Wedodo no	ot exclusively sel	l or serve halal food.		
Est	ablishment selling ar	nd serving both h	alal and non-halal fo	ood must complete the following:	
	b. Wedodo Ifoods.c. All utensils and	not use separate	utensils, refrigerato are not clearly ic	r halal and non-halal foods. ors, freezers and storage areas for halal and non-ha dentified as halal and non-halal. I products and then sold as halal.	ılal
	Completed by the De		t of Agriculture and l	Markets:	
eparti	ment Representative		Date		