

STATE OF NEW YORK **DEPARTMENT OF AGRICULTURE AND MARKETS**

55 Hanson Place, Brooklyn, New York 11217

Division of Kosher Law Enforcement Phone: (718) 722-2852 www.agriculture.ny.gov

Manufacturer/Producer of Non-Prepackaged Kosher Food Registration Form

Instructions: New York State manufacturers, compounders, brewers, distillers, producers, processers, packers, and sellers of any non-prepackaged food or food products, meats, meat preparations, and meat by-products are required to provide the information below.

Failure to provide all applicable information to the Department of Agriculture and Markets (Department) will delay the registration of the product until all required information is provided.

Any change in the registration information requires immediate notification to the Department.

If one or more individual or organization certifies the food, food product, meats, meat preparations, or meat by-products, provide the required information for each certifier.

Any false statement made herein, in addition to providing a basis for the revocation of your registration, may be punishable under the provisions of Section 210.45 of the Penal Law of the State of New York.

Any questions concerning this form, the information requested or kosher product registration should be directed to the Department's Director of Kosher Law Enforcement at the phone number above.

Name:	(th	ne "Registering Party	<i>(</i> ")		
Address:					
City:	State:	Zip:	Co	untry:	
Telephone Number:		_ Fax Number:			
E-Mail Address:					
Check as applicable:	Manufacturer	Compounder	Brewer	Distiller	Producer
	Processor	Packer	Seller		
The Registering Party hereb	y certifies that:				
1.		, wit	h a business add	dress of	
					of
			is the indivi	idual or organi	zation
certifying as kosher the non products set forth on the a		ood products, meats	, meat prepara	tions, and mea	at by-
2. That the certifying filed with the Department,				tatement of Q	ualifications
3. Schedule C is a true	e and accurate copy of	the Kosher Certificat	tion Form, in th	e form set for	th in
Agriculture and Markets La premises that is readily visi		at is or will be posted	d in a location o	n the Register	ing Party's
Signature:	Date:				

Schedule A

Brand Name (if any)	<u>Product Description</u>

Schedule B

Statement of Qualifications for Persons Certifying Non-Prepackaged Kosher Foods

Name of Individual/Org	ganization Certifying Pre-	Packaged Kosher Food	ds:	
Business Address:				
City:	State:	Zip:		
example, the organization	tifying organization's qua on's principles and exper organization's individual	ience , the backgroun		
<u> </u>	tifying individual's backgo dual's qualifications to c		•	

Schedule C - Kosher Certification Form

1. Name of Establishment			
Address:			
City:	State:	Zip:	Country:
2. Name of individual or o	rganization certifying fo	ood as Kosher (or sta	te if you are "self-certifying"):
Address and phone number	r of certifying individual	or organization:	
Address:			<u></u>
City:	State:	Zip:	Country:
elephone Number:			
3. Affiliation and education	n of certifying individua	l or organization:	
1. The certifying individua	l or organization visits t	his establishment	times
Daily	weekly mo	onthly ye	arly
5. Establishments selling o	•		,
<u>-</u>	served by this establish	•	=
	•		
6. We do do no	t exclusively sell or serve	e kosher food.	
<u>-</u>	<u>-</u>		d must complete the following:
	•		r and non-kosher foods.
b. We do do and non-kosher foo		ns, reingerators, iree	ezers and storage areas for koshe
c. All utensils and equi		not clearly identified	l as kosher or non-kosher.
d. Non-kosher product	s are are not m	nixed with kosher pr	oducts and then sold as kosher.
o be completed by the De	nartment		
his form has been filed wit	:h the Department of Ag	griculture and Marke	ets:
On out the out Danier of the			
Department Representative	<u>.</u>	Date	1