



Agriculture and Markets

KATHY HOCHUL
Governor

RICHARD A. BALL
Commissioner

KOSHER REGISTRATION FORM

1. Name of Establishment: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

2. Name of Individual or Organization Certifying Food as Kosher: _____
 Address & Phone Number of Certifying Individual or Organization:
 Address: _____
 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 kosher product

3. The certifying individual or organization visits this establishment: ____ continuously on site
 OR
 ____ time(s) daily ____ weekly ____ monthly ____ yearly

4. All meat sold or served by this establishment __is __is not soaked and salted.
 Describe soaking and salting process: _____

5. We __do __do not exclusively sell or serve kosher food.

Establishment selling and serving both kosher and nonkosher food must complete the following:

- a. We __do __do not use separate ovens and sinks for kosher and nonkosher foods.
- b. We __do __do not use separate utensils, refrigerators, freezers and storage areas for kosher and nonkosher foods.
- c. All utensils and equipment __are __are not clearly identified as kosher or nonkosher.
- d. Nonkosher 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