

(FSI – 1/11/2023)



Agriculture and Markets

KATHY HOCHUL
Governor

RICHARD A. BALL
Commissioner

REGISTRATION FOR 20-C EXEMPT FOOD PROCESSING ESTABLISHMENT

NYS Department of Agriculture and Markets
Attn: Food Safety License Unit
10B Airline Drive, Albany, New York 12235

<p><u>20-C EXEMPT (NO FEE REQUIRED)</u></p> <p> <input type="checkbox"/> Farm Cidery* <input type="checkbox"/> Hops Processor** <input type="checkbox"/> Farm Brewery* <input type="checkbox"/> Malt Operator and Processor** <input type="checkbox"/> Farm Distillery* <input type="checkbox"/> Incubator/Shared Kitchen Operator - <input type="checkbox"/> Farm Winery* that holds a DOH permit </p>	<p style="text-align: center;">Office Use Only</p> <p>County Code- Est. No. _____</p> <p>Entity No. _____</p> <hr/> <p style="text-align: center;">INSTRUCTIONS</p> <p>Read and complete all pages of this application. An original signature of owner or corporate officer or LLC managing member is required in Section (9).</p>
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*If licensed by New York State Liquor Authority and meets the requirements of 1 CCR-NY 276.4
 ** Must meet requirements of 1 CCR-NY 276.4.

This registration is only for those establishments that prepare or process food at the location listed below. Inspections are scheduled after registrations are received and reviewed.
Incubator/Shared kitchen operators that hold a DOH permit or do not process food themselves.

(1) Full Name of the Corporation, LLC or Individual Owner Name, Partnership (name all partners):			
Trade/DBA Name:		Name of the Incubator Kitchen (if applicable):	
Processing Facility Street # and Name:		City:	State:
County:		Business Telephone Number: ()	E-mail Address:
			Zip:

(2) Optional Mailing Address:

Street # and Street Name:	City:	State:	Zip:
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(3) Identification Number:

Federal ID or State EIN Number (preferred):	OR	Social Security Number:
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(PLEASE COMPLETE REVERSE SIDE)

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4) Please list sole proprietors or all officers of a corporation or cooperative. If applicant is a partnership, LLC or LLP, list partners/members (attach list if necessary). If applicant is a non-public corporation, list shareholders (attach list if necessary).

Name (Please Print)	Title	Contact Address – Home or Office (Street & No., City, State, Zip)	Date of Birth

(4a.) Principal Office Address: _____

(4b.) In what state incorporated? _____ **(4c.)** Date of Incorporation: _____

(4d.) Are you a foreign or out-of-New-York-state individual, partnership, or corporation? (Check One) Yes ___ No ___

(4e.) For foreign or out-of-New-York-state corporations: Date of filing in New York State? _____

(4f.) If out-of-New-York-state, the applicant agrees to accept service of process by first class mail to the designated individual at the said address below which shall constitute good and proper service of process.

Designated: _____ Address: _____

(5) At this time your establishment shall be exempt annually from licensing requirements and applicable fees provided that: such establishment is maintained in a sanitary condition and follows the current good manufacturing practices set forth in Part 260 of this Title, if no other food processing operations for which licensing under Article 20-C of the Agriculture and Markets law is required are being conducted at the establishment.

(6) List all food preparation or processing activities and the food prepared or processed at this location to be covered by this registration.

(7) Workers Compensation Law requires that businesses seeking state issued permits demonstrate that they have appropriate Workers Compensation Insurance (WCI). Indicate your WCI status:
 Insured with _____ OR _____ Exempt from WCI
 Name of Insurance Provider

(8) WATER AND SEWAGE SOURCE: If your water source is **not** from a municipal source, please check here _____ **AND** provide documentation (change of use approval letter) that the water source and sewage was approved by your local health department.

(9) The undersigned applies for a registration pursuant the Agriculture and Markets Law of the State of New York to conduct the food processing operations listed above, at this location only. New or additional food processing activities are to be reported to this Department for approval prior to the start of the processing operation.
****PLEASE ENSURE ALL QUESTIONS AND FIELDS ARE ANSWERED/COMPLETED BEFORE PROCEEDING****
 Providing your signature below acknowledges your understanding of requirements listed herein and that you agree to comply with the requirements of the registration.

ORIGINAL SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER/MEMBER:	TITLE:	DATE:

AUTHORIZATION AND PURPOSE

Disclosure of your federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance administering the Tax Law and for any other purpose authorized by the Tax Law. The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law in the sections relating to the specific license you are seeking. This information is collected to enable the Department to evaluate your application, to determine if it should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.
 If you have questions about the information requested, call (518) 457-7139; e-mail. foodlicense@agriculture.ny.gov; or write to: NYS Department of Agriculture and Markets; Attn: Food Safety License Unit; 10B Airline Drive; Albany, NY 12235.

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Instructions on how to fill out the registration completely.

- Section 1:** Fill in the Corporation, Incorporation, LLC, LTD, LLP **OR** owner or partners names in full as it shows on your legal filing paperwork.
Operating a Incubator/Shared kitchen: you need to include the name of the kitchen in the Processing Facility Address in the Trade name box to the right.
Fill in the County that the processing facility below the address.
Provide phone number that the inspector can reach you at. Provide an email address that we can reach you for any question if we are not able to reach you by phone.
- Section 2:** If you are not able to receive mail at the processing facility, then please include an optional mailing address where you will receive correspondence.
- Section 3:** Fill in your Federal or State EIN number **and** provide a copy of your NYS Certificate of Authority of Identification Number from the NYS Department of Tax and Finance for all **new** businesses or established businesses that change their business name and tax ID. **If** you do not have a tax ID number, please use your social security number.
- Section 4, 4a-f:** Fill in **all** owners/partners, members, or officers of the business names and personal information in this section and their title in the business and date of birth. If you need, please provide a separate sheet with all names and personal information listed attached to the back of the application.
This includes questions 4a through 4f for businesses that are incorporated, corporate, LLC, LTD or LPP in New York State or Out-of-New York State or Foreign companies.
- Section 5:** At this time your establishment shall be exempt annually from licensing requirements and applicable fees provided that: such establishment is maintained in a sanitary condition and follows the current good manufacturing practices set forth in Part 260 of this Title, if no other food processing operations for which licensing under Article 20-C of the Agriculture and Markets law is required are being conducted at the establishment.
- Section 6:** List all food preparation or processing activities and the food prepared or processed at this location to be covered by this registration.
- Section 7:** Please fill in the name of the insurance provider or check mark the box if you are exempt from Workers Compensation insurance (WCI). If you are not sure, please contact the Workers Compensation Agency.
- Section 8:** If your water source is **not** from a municipal source, please check the box AND provide documentation that the water source was approved by your local health department.
- Section 9: LEGAL NOTICE:** The undersigned applies for a registration pursuant the Agriculture and Markets Law of the State of New York to conduct the food processing operations listed above, at this location only. New or additional food processing activities are to be reported to this Department for approval prior to the start of the processing operation.

****PLEASE ENSURE ALL QUESTIONS AND FIELDS ARE ANSWERED/COMPLETED BEFORE PROCEEDING****

Providing your signature acknowledges your understanding of requirements listed herein and that you agree to comply with the requirements of the registration.

Signature, title, and date are mandatory: otherwise, the application and payment will be returned as incomplete and denied.

Guidance for Shared Use Kitchens:

The purposes of this guidance document is to assure that foods processed in New York State in a Shared Use Kitchen, and offered for sale for human consumption, are safe and that the food processing establishments, in which such foods are manufactured or processed, conform to proper operating and sanitary standards. What makes Shared Use Kitchens unique is that the owner/lessor of the facility does not have to be an operator in the facility, although may be. This document defines the roles of the owner/lessor, the operators, and their shared responsibilities in a Shared Use Kitchen. The shared responsibilities will be unique to all such operations as no two facilities will be identical. They may include which party will be responsible for sanitation at the end of a shift, who is responsible for a pre-operational sanitation, as well as other functions.

(PLEASE READ REVERSE SIDE – 5 pages total in Registration)

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I. Definitions:

1. The terms Incubator Kitchen, Shared Use Kitchen, Leased Commercial Kitchen (Shared Use Kitchen) are food preparation facilities that provide kitchen space and access to commercial equipment to prepare food on a lease or rental basis.
2. The terms Incubator Kitchen Owner, Lessor, Owner (Lessor) is the owner of the commercial kitchen location to be rented.
3. The term Shared Use Kitchen Operator (Operator) is a person or company licensed by the New York Department of Agriculture and Markets (DAM), to process food under Article 20-C, that rents space at the leased commercial kitchen location.

II. Article 20-C Food Processing License:

1. The Lessor of a Shared Use Kitchen shall not rent, lease, share or allow its use unless it has been approved to do so by DAM and has obtained a valid Article 20-C license from the DAM as is outlined in New York Agriculture an Markets Law §251-z-3, paid the appropriate fee and is subject to inspection and enforcement as a food processing establishment.
2. Each operator of a Shared Use Kitchen shall not prepare or manufacture food unless it has a valid Article 20-C license from DAM after paying the appropriate fee. **This does not pertain to an operator of a Shared Use Kitchen that has a current Department of Health permit.**

III. Responsibilities of Lessor

1. Complying with:
 - a. 1 NYCRR Parts 259-262, 276, 277, 279, 280
 - b. New York Agriculture and Markets Law Article 20-C
 to ensure the kitchen and all operators are properly licensed and/or permitted with the appropriate agency and to maintain all records of the same for inspection.
2. Maintaining the building, property, and equipment in an acceptable sanitary manner, and in compliance with Article 17 New York Agriculture and Markets Law and 1 NYCRR 260.1
3. Maintaining a facility schedule/calendar, including the date and time of processing, name of operator and to maintain and provide upon request, all scheduling/calendar records during inspection.
4. Limiting operations to only those which the facility has the appropriate equipment, space, and facilities for production and has been approved by DAM as acceptable in the space provided. When the scope of operations expands, DAM must be given prior notice and must give approval before those new operations begin.
5. Maintain a file for each operator, which must contain, but is not limited to:
 - a. The business contact information, including:
 - i. Name
 - ii. Phone number
 - iii. Address
 - b. Any scheduled processes.
 - c. The date and time of processing
 - d. Copies of or access to each processors' production records to include the product name, production codes and shipping dates.
6. Ensure that no more than one manufacturing or packing operation takes place per processing area, at one time.
7. Verify that all individuals using equipment are properly trained to use that equipment.
8. Have sufficient storage for operators' raw ingredients and finished product before shipping (such as correct environmental conditions for staging before shipping) and to store the raw ingredients and finished products separately or verify ingredients and finished products are being stored in a licensed warehouse.
9. Ensure that all finished products are shipped directly after they are manufactured. They must not be stored in the Shared Use Kitchen.

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10. Ensure that all processing occurs at the Shared Use Kitchen. Product may not be moved to an unlicensed or uninspected facility for further processing. Products must be fully processed and packaged within the Shared Kitchen,
11. Have a master cleaning schedule and maintain all records of the same for inspection.
12. Have a preventative maintenance program for the building, grounds and equipment, including, but not limited to: refrigeration units, ovens, packaging equipment, metal detectors, filling equipment, cleaning equipment, and to maintain all records of the same for inspection.
13. Comply with Subpart B of 21 CFR 117.20(a) Grounds, 117.20(b) Plant Construction and Design, 117.35(a) General Maintenance, 117.35(b) Substances Used in Cleaning and Sanitizing; Storage of Toxic Materials, 117.35(c) Pest Control, 117.35(d) Sanitation of Food-Contact Surfaces, 117.35(e) Sanitation of Non-food Contact Surfaces, 117.35(f) Storage and Handling of Cleaned Portable Equipment and Utensils, 117.37 Sanitary Facilities and Controls, 117.40 Equipment and Utensils when equipment and Utensils are supplied by the Lessor

IV. Responsibilities of Operator

1. The operator has all the same responsibilities as any other 20-C license holder, other than those responsibilities specific to the Lessor of the facility, which include payment of license fee (after two years of operating), maintaining all records as required by 21 CFR 117, Subpart F – Requirements Applying to Records That Must be Established and Maintained.
2. Maintain copies of all 20-C licenses and necessary certificates, such as Preventative Controls Qualified Individuals (PCQI) on file at the Shared Use Kitchen, or meet the requirements of 21 CFR 117, Subpart D, [Modified requirements that apply to a qualified facility](#).
3. Verify that all equipment is cleaned and sanitized beforehand after using.
4. Compliance with 1NYCRR Parts 260 -Current good manufacturing practices (cGMP's).
5. Maintain allergen controls to prevent cross contact contamination as outlined in 21 CFR 117.10 Personnel, 117.20 Plant and Grounds, 117.35 Sanitary Operations, 117.40 Equipment and Utensils, 117.80 Process and Controls, 117.93 Distribution
6. Ensure that proper temperatures are maintained as outlined in 21 CFR 117.80 Processes and Controls
7. Adherence to a process review conducted by a recognized process authority, when required.
8. Compliance with 1NYCRR Part 259.1-Packaging and Labeling of Food

V. Shared Responsibilities of Lessor and Operator These responsibilities must be formalized in a written agreement between the lessor and each operator, before any operator may begin to manufacture any products.

1. Some of the shared responsibilities needed to determine include:
 - a. Pre-operational sanitation inspections
 - b. Post operational sanitation inspections
 - c. Sanitation verification activities and associated records
 - d. Performing corrective actions when sanitation is found to be insufficient.
 - e. Writing preventative measures after corrective actions initiated.
 - f. Implementing the preventative hazard control measures, such as:
 - i. Take corrective action to identify and correct the problem, reduce the likelihood that the problem will recur, evaluate all affected food for safety, and, as necessary, prevent affected food from entering commerce as would be done following a corrective action procedure.
 - ii. When appropriate, reanalyze the food safety plan in accordance with §117.170 to determine whether modification of the food safety plan is required.

VI. Resources

1. [Basic Label Requirements](#)
2. [Obtain a Process/Schedule Process Review](#)
3. <https://www.nysenate.gov/legislation/laws/AGM/A20-C>
4. [Human Foods Preventive Control Rule](#)
5. [FSMA Final Rule for Preventative Controls for Human Food](#)
6. [Draft Guidance for Industry: Hazard Analysis and Risk-Based Preventive Controls for Human Food](#)
7. [Current Good Manufacturing Practice, Hazard Analysis, And Risk-Based Preventive Controls for Human Food; Title 21 Part 117](#)
8. [Subchapter C. Food and Food Products \(Article 17 Agriculture and Markets Law\)](#)
9. [Article 20-C Food Processor License](#).