

REGISTRATION FOR IDENTIFICATION NUMBER

COTTAGE FOOD PROGRAM

Tyler J Harper COMMISSIONER

Initial Request	Change of Address:			
•		Current GDA Identifie	r Number	
NAME (Operator's Name or Doing Business As)			COUNTY OF RESIDENCE	
PHYSICAL ADDRESS		CITY	ZIP	
MAILING ADDRESS (If Different)		СІТУ	CITY ZIP	
OPERATOR'S NAME (If DBA Was Entered Above)			PRIMARY PHONE	
EMAIL ADDRESS			SECONDARY PHONE	
Please check the boxes below to a	acknowledge your receipt of	the following inform	nation:	
Department issued identi- operations or cottage foo	fication numbers are non-trad operators.	ansferrable to other	cottage food production	
address. If a cottage foo	fication numbers are associated operator moves to a different on number from the Department.	ent location, they wi	1 1 0 1 0	
physical address on your requirements including b	labels, website, display, or j	point-of-sale materiar's or business' nam	ne, telephone number, allergen	
Information provided on	this form is subject to disclo	osure according to the	ne Georgia Open Records Act.	
By signing this form, I attest that	the information provided ab	ove is true and acci	ırate.	
PRINTED NAME	SIGNATURE		DATE	

Please return completed forms to: CottageFoodID@agr.georgia.gov