



HOME-BASED BUSINESSES & COTTAGE FOOD (HBB)/ (HBB-CF)
CHECKLIST- 3 YEAR ACCESS

- NAME: _____
- BUSINESS NAME: _____
- HOUSING COMMUNITY NAME: _____
- COMPLETED APPLICATION (including community managers signature sponsor's information, signature, initials and date)
 - BUSINESS INFORMATION (catalogs, brochures, pamphlets, handouts, pictures, website link, etc.)
 - REGISTRATION: Department of Commerce & Consumer Affairs (DCCA)
 - GENERAL EXCISE TAX LICENSE VERIFIED
 - INSURANCE LICENSE (if applicable)
 - CERTIFICATES or LICENSE (if applicable)
 - MILITARY ID VERIFIED

ONLY: HBB-CF MUST ALSO INCLUDE THE FOLLOWING:

- BUSINESS PROPOSAL TO INCLUDE (a-d)
 - a. A statement that reads "Made in a home kitchen not routinely inspected by the Department of Health".
 - b. The common name of the product or a descriptive name.
 - c. Ingredient list if made from two or more ingredients, listed in descending order or predominance by weight.
 - d. The name and contact information of the homemade food product operator.
- FOOD SAFETY CERTIFICATE – American National Standard Institute (ANSI) accredited courses will meet the Department of Health requirement. Visit: [Food Safety Branch | Food Safety Education \(hawaii.gov\)](#)

NOTES: _____

