



Hugh E. Weathers
Commissioner

State of South Carolina Department of Agriculture

Laboratory and Consumer Services

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Application for Registration Verification Certificate

Section 1 Business Information

Name of Applicant(s) and Title _____
Name of Business _____
Address of Processing Facility _____
Applicant Mailing Address _____
County _____ (Phone) _____ (Alternate) _____
(Email) _____

**Attach a Brief Business Plan: nature of business, hours of operation, employee size, and distribution area.

Section 2 Type of Business

___ Manufacturer/ Processor ___ Distributor/Warehouse ___ Salvager ___ Cosmetic Manufacturer

Section 3 Product Information

___ Acidified Foods (pickled)*	___ Dry Rubs/Spices	___ Peanuts
___ Baked Goods	___ Egg*	___ Sandwiches
___ Candy/Confections	___ Honey	___ Sauces/Condiments
___ Catfish*	___ Jams/Jellies	___ Marinades/Dressings*
___ Cheese *	___ Juice*	___ Seafood*
___ Cosmetic	___ LACF*	___ Other (specify) _____
___ Dessert Foods	___ Multiple Food Packages	
___ Dry/Nonperishable Foods	___ Pasta	

* These products require specialized training, licensing, certification and/or analysis to sell and produce.

Note: You must notify the South Carolina Department of Agriculture (SCDA) if your firm relocates, goes out-of-business, becomes inactive, manufactures new types of products, or makes any changes that will affect your registration status.

If your product is Co-packed or Co-Bottled by another firm, please provide all pertinent information including Co-packer's name, address, contact name and telephone number, Co-packer's SCDA registration number or out-of-state's permit/license number. (Please use additional sheets if needed.)

Is your *finished* product(s) sold:

Canned

Refrigerated

Other (Specify)

Jarred/Bottled

Shelf Stable

Frozen

Section 4 Product Labeling

Please submit a copy of your sample label or proof of your current or proposed label for review. Labels **MUST** be in compliance with the **Fair Packaging and Labeling Act** AND the **Food Allergen Labeling and Consumer Protection Act**. Please refer to **Our Favorite Product** for Guidance. **ALL email submissions must be in PDF format.**

Section 5 Facility Use (Share kitchen)

SCDA regulated Specialty Food firm using a SC Department of Health and Environmental Control (DHEC) inspected kitchen: The owner/operator of the DHEC kitchen must get approval from their DHEC inspector to allow the use of their kitchen. The owner/operator of the DHEC kitchen **AND** the Specialty Food Manufacturer must submit, in writing, a statement granting the Specialty Food Firm permission to use the DHEC **kitchen during non-operational hours**. The letter must be submitted to SCDA and DHEC prior to manufacturer and sale of product. DHEC, as the primary agency, can refuse permission for the Specialty Food Manufacturer to operate in the DHEC kitchen if in their opinion the operation would adversely impact the operation or maintenance of the DHEC facility.

**Please Submit Permission Letter from DHEC Restaurant Owner/Operator.

Section 6 Signature of Applicant

Submit this application and all requested information to: aculler@scda.sc.gov or SCDA, Food Safety and Compliance, c/o Angie Culler, 123 Ballard Court, W. Columbia SC 29172.

By signing this application, you are confirming that all is accurate and true. Failure to supply all requested information will result in delay in processing application. The Food Safety Officer in your county will arrange an inspection of your facility, process, and product and may request additional information at that time. **Upon a compliant inspection**, you will be registered with the SCDA and will be permitted to produce, distribute and/or sell your product. A registration number will be issued.

Applicant Name/ Signature

Date

For Official use only

Compliance inspection Date / /

Label(s) reviewed and in compliance

pH Analysis and Process Schedule

Certification of Better Processing and Control School

Co-packer information verified Date / /

Permission Letter Received Date / /

Registration Certificate No. _____