



Christian County Health Department
301 E Brick
PO Box 340
Ozark, MO 65721

Phone: 417-581-8183
Fax: 417-581-6130

Exempt Status for Food Establishments
(As defined in the Current Missouri Food Code)

(viii) Where local codes allow, individual stands in which only foods meeting the following conditions are sold, sampled or served: (AA) Non-potentially hazardous processed foods, except low acid canned and acidified foods as specified in 21 CFR 113 and 114 respectively, including, but not limited to breads, cookies, fruit pies, jams, jellies, preserves, fruit butters, honey, sorghum, cracked nuts, packaged spices and spice mixes, dry cookie, cake, bread, and soup mixes; (BB) The seller is the individual actually producing the food or an immediate family member residing in the producer's household with extensive knowledge about the food; (CC) The seller only sells, samples or serves the food directly to the end consumer; (DD) All processed packaged foods bear a label stating the name and address of the manufacturer/processor preparing the food, common name of the food, name of all the ingredients in the food and a statement that the product is prepared in a kitchen that is not subject to inspection by the Department of Health and Senior Services. It is recommended that honey manufacturers/processors include this additional statement to its label, "Honey is not recommended for infants less than twelve (12) months of age."; and (EE) The consumer is informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to inspection by the Department of Health and Senior Services if the foods specified in Subparagraph 1-201.10(B) (31)(c)(viii)(AA) are sold, sampled or served in unpackaged, individual portions. The Christian County Health Department shall have the final authority in determining whether a food is non-potentially hazardous and may enjoin individuals who violate the provisions of this section from selling, sampling or serving these foods.

Please attach or list on the back of this page a full list of products you will have available.

Name _____

Address _____

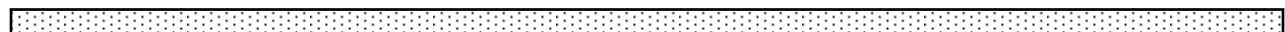
City/Zip _____

Daytime Phone _____

Type of Clientele (Ie: directly to consumer, packaged for resale by others, internet sales across state line) _____

I do not meet these requirements and would like to be contacted by your office.

Signature _____ Date _____



Exempt Status: Approved/Not Approved _____ Date _____