

LABEL REVIEW REQUEST FORM

Business Name: _____

Business Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Website: _____

Owner's Name: _____

Owner's Address: _____

Contact Information: (preferred contact)

- home phone () e-mail address ()
- business phone () U.S. mail
- cell phone ()

List of Product Labels Enclosed (original labels - all panels):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Intended Distribution: wholesale retail internet farm market/craft show

Proposed Opening Date: _____ (submit labels at least 30 days prior)

Describe Method of Code Dating and/or Production Coding Information: _____

Laboratory Analysis: yes no **What Analysis:** _____

Attended Better Process School: yes no

List Allergens if any: milk eggs peanuts tree nuts such as walnuts, almonds & pecans

soybeans wheat fish shellfish such as crab, lobster & shrimp

Owner's Signature: _____ **Date:** _____