

**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:** \_\_\_\_\_