

# KANAWHA CHARLESTON HEALTH DEPARTMENT

## BAKE SALE REQUIREMENTS

1. Sponsor of bake sale is required to register with the local health department for each event. Completed registration form must be returned to the address above, faxed to 304-348-8054 or emailed to [environmental@kchdvw.org](mailto:environmental@kchdvw.org)
2. The menu (food sold at this type of sale) must be limited to cakes, cookies, fruit pies, candies, plain pepperoni rolls, and yeast, nut or fruit breads, muffins, or rolls. These are foods that do not normally support the rapid growth of microorganisms. The sale of potentially hazardous food (PHF) is prohibited. PHF includes pepperoni rolls with cheese, sauce, or other toppings; cream, custard, or meringue pies; and cream-filled products. Additional non-potentially hazardous foods may be allowed with the approval of the local health department sanitarian.
3. Foods are to be pre-wrapped in the portions that will be offered for sale to the public. Portions should be wrapped in see-through wrap or baggies. Slicing, wrapping, or exposing foods at sale or distribution site is prohibited.
4. In order to lessen the risk of a foodborne illness or transmittable disease, menu items should be prepared and wrapped by individuals that are familiar with safe food practices.
5. A clearly visible placard (see next page) is required at the sales or service location stating that the FOOD is prepared in a kitchen that is not subject to regulation and inspection by the Kanawha-Charleston Health Department or any other regulatory authority.

## BAKE SALE REGISTRATION FORM

Organization: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Date(s) of Event Time Location

I certify that I have received a copy of the above requirements for conducting a bake sale and that my organization will comply with said requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above organization has registered to conduct a bake sale in accordance with the bake sale requirements.

\_\_\_\_\_  
KCHD Representative

\_\_\_\_\_  
Date

**THIS FOOD IS PREPARED IN A  
KITCHEN THAT IS NOT  
REGULATED OR INSPECTED BY  
THE KANAWHA-CHARLESTON  
HEALTH DEPARTMENT**