



Aspetuck
Health District

ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

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GENERAL GUIDELINES FOR BAKE SALES

The State and Local Public Health Codes **PROHIBIT*** the preparation and baking/cooking of any foodstuffs intended for distribution or sale to the public in **private non-commercial kitchens** (home kitchens). A commercial kitchen that complies with Health Code requirements should be used for this purpose. Examples of this type of facility are restaurant or caterer kitchens holding a current Food Permit from a local Health Department/District, or church kitchens, having commercial equipment, that have been approved by the Health District.

Knowing that bake sales are a tradition in the community and used by many groups as fund raisers, the Health District offers these suggestions in order to minimize the risk of food-borne illness or allergies. If problems arise in the future, the Health District will consider the need for stricter controls.

GENERAL GUIDELINES

1. No items requiring cold or hot holding, for safety, are allowed. Limit your items to such things as cookies, cupcakes, brownies, cakes, etc., which are considered non-hazardous foods, and are shelf stable.
2. All baked items must either be boxed, wrapped, or covered. Single items like a cookie or a brownie, must be wrapped individually.
3. All boxed or wrapped foods must be properly labeled with the following information:
 - name of food item
 - list of all ingredients
4. Sample sizes should be limited to single, bite-size portions. All samples must be covered.
5. The Chairperson must maintain a list of bakers, their telephone numbers, and items baked in case of a question or problem.
6. Home canned goods (jams, jellies, pickles, etc.) should not be sold.
7. Nuts are discouraged and if used **MUST** be prominently listed and separated from all other non-nut foods.

*Non-profits applications will be considered on an individual basis. A copy of the 501-C3 form must be attached.

Bake Sale Application

Non-profit fee: \$1.00

Coordinator Name: _____ Phone: _____

Contact Person: _____ Email: _____

Bake Sale Date: _____ Location: _____

I have read the attached Bake Sale Guidelines and agree to comply with them _____

Bake Sale Volunteer Baker List

Baker's Name	Phone#/e-mail	Item(s) Baked	Approximate Number/amount

- Wrap each item individually.**
- Label with ingredients.**
- NO NUTS!**
- NO TEMPERATURE CONTROLLED ITEMS!**
- Use commercially prepackaged bake mixes when available.**