



Harrison-Clarksburg Health Department  
330 West Main Street Clarksburg, WV 26301

**PUBLIC HEALTH**

Phone : 304-623-9308

**ENVIRONMENTAL HEALTH SERVICES**

Fax : 304-623-9364

**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 or faxed to 304-623-9364.
- 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 the 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 have attended our Foodhandler's Class.
- 5 A clearly visible sign is required at the sales or service location stating that the food items have been prepared in a kitchen that is not subject to regulation and inspection by the Harrison-Clarksburg Health Department or any other regulatory authority.

**BAKE SALE REGISTRATION FORM**

Name of Organization: \_\_\_\_\_

Name of Representative \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

Location of Event: \_\_\_\_\_

I certify that I have read and fully understand the above stated requirements for conducting a bake sale and that our organization will comply with all of the above stated requirements.

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

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

**FOR HEALTH DEPARTMENT USE ONLY**

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

HCHD Representative: \_\_\_\_\_

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