



Public Health
Prevent. Promote. Protect.

Henry & Stark County Health Department

4424 US Hwy 34, Kewanee, IL 61443

309-852-0197 -- 309-852-3115

www.henrystarkhealth.com

APPLICATION FOR COTTAGE FOOD OPERATION REGISTRATION

“Cottage Food Operation” means a person who produces or packages non-potentially hazardous food in a kitchen of that person’s primary domestic residence for direct sale by the owner or a family member, stored in the residence where the food is made.

Henry County

Stark County

| | Name | Address | Phone number |
|----------|------|---------|--------------|
| Business | | | |
| Owner(s) | | | |

CERTIFIED FOOD MANAGER

NAME

ID NUMBER (issued by IDPH)

EXPIRATION DATE

(Attach a copy of your IL FSSMC)

PRODUCTS (please circle the items you will be making and selling)

Dry herb, dry herb blend or dry tea blend intended for end-use only:

Jam Jelly Preserves Fruit Pie:

apple apricot grape peach plum quince orange nectarine tangerine blackberry

raspberry blueberry boysenberry cherry cranberry strawberry red currants

Combination of the above: _____

Fruit Butter:

apple apricot grape peach plum quince prune

Breads Cookies Cakes Pies Pastries:

The following product(s) have been tested and documented by a commercial laboratory and deemed “Not Potentially Hazardous”, containing a pH equilibrium of less than 4.6

Item: _____

PRODUCT LABELING

- The name and address of the cottage food operation
- The common or usual name of the food product
- All ingredients including colors, artificial flavors, preservatives, listed in descending order of predominance by weight
- Statement **“This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.”**
- The date the product was processed
- Allergen labeling as specified in federal labeling requirements.

OWNER’S STATEMENTS

1. This food will only be sold at a Farmer’s Market.
2. Gross sales do not exceed \$25,000 each calendar year.
3. I will place a placard at my stand with the following wording: **“This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.”**
4. I understand that if my product receives a complaint, or if the Henry County/Stark County Health Department believes an imminent health hazard exists, including suspicion that a food borne illness outbreak has occurred, my operation will cease until it is deemed safe by the Health Department.

I agree to have the Henry County/Stark County Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.

Signature(s) of Owners: _____

Date: _____