

IROQUOIS COUNTY PUBLIC HEALTH DEPARTMENT
1001 EAST GRANT STREET
WATSEKA, ILLINOIS 60970
(815)432-2483

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

	NAME	ADDRESS	PHONE NUMBER
BUSINESS			
OWNER(S)			

CERTIFIED FOOD HANDLERS	
NAME	ID NUMBER (ISSUED BY IDPH)

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 by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6. Item _____
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PRODUCT LABELING

- The name and address of the cottage food operation
- The common and usual name of the food product
- All ingredients including colors, artificial flavors, preservatives, listed in decreasing order of prominence 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 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 allergen.”
4. I understand that if my product receives a complaint, or if the Iroquois County Public Health Department believes an imminent health hazard exists, including suspicion that a foodborne illness outbreak has occurred, my operation will cease until it is deemed safe by the Iroquois County Public Health Department. I agree to have the Iroquois County Public Health Department inspect my premises at a reasonable fee if such complaint or foodborne illness outbreak occurs.

SIGNATURE(S) OF OWNERS: _____

DATE: _____