

# Clinton County Health Department

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## APPLICATION FOR COTTAGE FOOD OPERATOR REGISTRATION

	Name	Address	Phone Number
Business			
Owner(s)			

ILLINOIS CERTIFIED FOOD SERVICE SANITATION MANAGER	
Name	Certificate ID Number & Expiration Date

<b>PRODUCTS intended for end-use only</b> (please circle or list the items you will be making and selling)
<b>Dry herb, dry herb blend or dry tea blend:</b> _____ _____
<b>Jam/ Jelly/ Preserves/ Fruit Pie:</b> apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry boysenberry cherry cranberry strawberry red currants Combination of the above fruits: _____ _____
<b>Fruit Butter:</b> Apple apricot grape peach plum quince prune
<b>Breads/ Cookies/ Cakes/ Pies/ Pastries:</b> _____ _____

The following product(s) have been tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH equilibrium less than 4.6. **Attach pertinent documentation.**  
Item(s): \_\_\_\_\_  
\_\_\_\_\_

### PRODUCT LABELING REQUIREMENTS

- 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 decreasing order of prominence by weight shown with common or usual names
- 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 Farmers Market, (with the exception that cottage foods that have a locally grown agricultural product as the main ingredient may be sold on the farm where the agricultural product is grown or delivered directly to the consumer).
2. Gross sales do not exceed \$36,000 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 Clinton 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 Clinton County Health Department. I agree to have the Clinton County Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.
5. **Registration will be valid for one year from the date of application.** Annual registration with the Clinton County Health Department is required.

Signature of Owner(s): \_\_\_\_\_

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

Revised 4/2016