



**HEALTH DEPARTMENT**  
 2515 State Street  
 Chester, IL 62233-1149  
 Office: 618-826-5007  
 Fax: 618-826-5223

**APPLICATION FOR COTTAGE INDUSTRY REGISTRATION**

	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
<b>Business</b>			
<b>Owner(s)</b>			
<b>Email address</b>			

<b>CERTIFIED FOOD PROTECTION MANAGERS</b>		
<b>Name :</b>	<b>ID Number</b> (issued by IDPH)	<b>Expiration Date:</b>

<b>PRODUCTS</b>
(please circle the items you will be making and selling)
<b>Dry herb, dry herb blend or dry tea blend</b> intended for end-use only:
<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 <i>or a combination of the above:</i>
<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 below 4.6. <b>Item(s):</b>

## REQUIRED 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 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 STATEMENT

1. This food will only be sold at a Farmer's Market or Special Event with approved Temporary Food Permit (TFP).  
Event and TFP#: \_\_\_\_\_
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 Randolph County Health Department believes an imminent health hazards exists, including suspicion that a food borne illness outbreak has occurred, my operation will cease until it is deemed safe by the Randolph County Health Department. I agree to have the Randolph County Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.

Signature(s) of Owners: \_\_\_\_\_ Date: \_\_\_\_\_