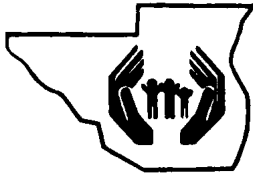


Pike County Health Department

Ruth Holman, CNP, President, Board of Health
Anita Andress, RN, BSN, Administrator



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HomeCare



Across Illinois

APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION

Name of Business: _____ Phone #: _____

Owner Name(s): _____

Address where food is prepared: _____

Mailing Address (if different from above): _____

Food Service Sanitation Manager Certification		
Name	ID Number (issued by IDPH)	Expiration Date

Products
(please check the items you will be making and selling)
<input type="checkbox"/> Dry Herb <input type="checkbox"/> Dry Herb Blend <input type="checkbox"/> Dry Tea Blend (intended for end-use only): List: _____
Jam/ Jelly/ Preserves/ Fruit Pie: <input type="checkbox"/> Apple <input type="checkbox"/> Apricot <input type="checkbox"/> Grape <input type="checkbox"/> Peach <input type="checkbox"/> Plum <input type="checkbox"/> Quince <input type="checkbox"/> Orange <input type="checkbox"/> Nectarine <input type="checkbox"/> Tangerine <input type="checkbox"/> Blackberry <input type="checkbox"/> Raspberry <input type="checkbox"/> Blueberry <input type="checkbox"/> Boysenberry <input type="checkbox"/> Cherry <input type="checkbox"/> Cranberry <input type="checkbox"/> Strawberry <input type="checkbox"/> Red Currants Combination of the above: _____
Fruit Butter: <input type="checkbox"/> Apple <input type="checkbox"/> Apricot <input type="checkbox"/> Grape <input type="checkbox"/> Peach <input type="checkbox"/> Plum <input type="checkbox"/> Quince <input type="checkbox"/> Prune
<input type="checkbox"/> Breads <input type="checkbox"/> Cookies <input type="checkbox"/> Cakes <input type="checkbox"/> Pastries: List: _____

Laboratory – Tested Products
The following product(s) have been tested by a commercial laboratory and deemed “Not Potentially Hazardous” with a pH below 4.6. Attach a copy of laboratory results. Item(s): _____ _____ _____

Product Labeling - REQUIRED

- 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

I, _____, agree to grant access to the local health department to conduct an inspection of my cottage food operation’s primary domestic residence in the event of a consumer complaint or foodborne illness outbreak.

Signature of Owner

Signature of Owner

Date

Date