



APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION

A cottage food operation allows for food that is not potentially hazardous such as baked goods, jams, jellies, preserves, fruit butters, dry herbs, dry herb blends or dry tea blends to be produced in the kitchen of a person's primary domestic residence for direct sale to customers at a farmer's market.

Cottage food operation products cannot be sold to retail stores, restaurants, over the internet, by mail order, or to wholesalers, brokers or other food distributors who resell food.

Farmer's market is defined as "common facility or areas where farmers gather to sell a variety of fresh fruits and vegetables and other locally produced farm and food products, directly to consumers."

The following items are prohibited from production and sale by a cottage food operation: pumpkin pie, sweet potato pie, cheesecake, custard pies, and cream pies, as well as pastries with potentially hazardous fillings or toppings. Pumpkin, banana, and pear butters are not allowed. Also, rhubarb, tomato, pepper and watermelon jellies or jams are not allowed.

COTTAGE FOOD OPERATOR INFORMATION

Name of Business: Phone #: (Area Code) (Number)

Owner Name: (First Name) (Last Name) Email Address:

Mailing Address: City State Zip Code

Address Where Food Is Being

Prepared:

Address: City State Zip Code

FOOD SERVICE SANITATION MANAGER CERTIFICATION

(You MUST attach a copy of your Food Service Sanitation Manager Certificate)

Name (First and Last) ID Number (Issued By IDPH)

Three horizontal lines for entering name and ID number information.

PRODUCTS			
(Please check the items you will be making and selling)			
JAM	JELLY	PRESERVES	FRUIT PIE
<input type="checkbox"/> Apple	<input type="checkbox"/> Apricot	<input type="checkbox"/> Blackberry	<input type="checkbox"/> Blueberry
<input type="checkbox"/> Boysenberry	<input type="checkbox"/> Cherry	<input type="checkbox"/> Cranberry	<input type="checkbox"/> Grape
<input type="checkbox"/> Nectarine	<input type="checkbox"/> Orange	<input type="checkbox"/> Peach	<input type="checkbox"/> Plum
<input type="checkbox"/> Quince	<input type="checkbox"/> Raspberry	<input type="checkbox"/> Red Currants	<input type="checkbox"/> Strawberry
<input type="checkbox"/> Tangerine	Combination of the above: _____		

DRY HERB	DRY HERB BLEND	DRY TEA BLEND	
(Intended for End Use Only)			
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"/> Prune	<input type="checkbox"/> Quince	
BREADS	COOKIES	CAKES	PASTRIES

ANY PRODUCTS NOT LISTED AS ALLOWED IN THE ABOVE PRODUCTS SECTION
(You MUST attach a copy of the laboratory results)
Any products not listed as allowed in the above products section must be tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6.

PRODUCT LABELING
<ul style="list-style-type: none"> • 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

LABELS
<ul style="list-style-type: none"> • You MUST attach a copy of the labels for each product

OWNER'S STATEMENT

- I certify that the information provided in this application and any attachments are true and correct.
- I understand that if my application is incomplete or not accurate the processing of my application may be delayed or may not be accepted.
- 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(s) of Owners: _____
Owner #1

Owner #2

Print Name: _____
(First Name) (Last Name)

(First Name) (Last Name)

Date: _____
(MM/DD/YYYY)

(MM/DD/YYYY)

**Please submit the fully completed application to:
 Cook County Department of Public Health
 Environmental Health Services Unit
 10220 S. 76th Avenue, Bridgeview, Illinois 60455
 Phone: (708) 974-7118
 Fax: (708) 974-7120**