



**Public Health**  
Prevent. Promote. Protect.

# JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

## APPLICATION FOR COTTAGE FOOD OPERATION REGISTRATION

There is a \$25 fee for registration payable to the Jo Daviess County Health Department.

Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address Where Product is Being Prepared: \_\_\_\_\_

Mailing Address (If Different Than Above): \_\_\_\_\_

### Food Service Sanitation Manager Certification

<u>NAME</u>	<u>ID NUMBER (Issued by IDPH)</u>	<u>EXPIRATION DATE</u>

### 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 (explain):

**Fruit Butter:**

Apple Apricot Grape Peach Plum Quince Prune

**Breads/Cookies/Cakes/Pastries:**

Describe:

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 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
- 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

- I have received a copy of the Cottage Food Operation Fact Sheet.
- I agree to grant access to the local health department to conduct an inspection of my Cottage Food Operation premises in the event of a consumer complaint or foodborne illness outbreak.

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

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

Yearly Registration Fee: \$25.00\*    Cash    Check    Office Use Only  
Money Order    Check Number \_\_\_\_\_  
Registration Number: \_\_\_\_\_    Date Certificate Sent: \_\_\_\_\_

\*Registration fees are non-refundable.