

Macon County Health Department

1221 E. Condit Decatur, IL 62521

217-423-6988

<http://www.maconcountyhealth.org>

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

	Name	Address	Phone Number
Business			
Owner(s)			

Food Service Sanitation Manager Certification	
NAME	ID NUMBER (issued by IDPH)

PRODUCTS (please circle the items you will be making and selling)
<p>Dry herb, dry herb blend or dry tea blend intended for end-use only:</p> <p>_____</p>
<p>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: _____</p>
<p>Fruit Butter: apple apricot grape peach plum quince prune</p>
<p>Breads/ Cookies/ Cakes/ Pastries:</p> <p>_____</p>
<p>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: _____</p> <p>_____</p>

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
- The net weight or net volume of the cottage food product
- 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, _____, 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 food borne illness outbreak.

Signature(s) of
Owners: _____

Date: _____