

Fulton County Health Department
 700 E. Oak Street, Canton, IL 61520 309-647-1134, Ext. 230
Application For Cottage Food Industry Registration

Name of Business: _____ Phone #: _____

Owner Name(s): _____

Address where food is being prepared: _____

Mailing address if different from above: _____

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

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.</p> <p>Item: _____</p>

PRODUCT LABELING
<p>The name and address of the cottage food operation.</p> <p>The common or usual name of the food product.</p> <p>All ingredients including colors, artificial flavors, preservatives, listed in decreasing order of prominence by weight.</p> <p>Statement "This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."</p> <p>The date the product was processed.</p> <p>Allergen labeling as specified in federal labeling requirements.</p>

Owner's Statements
<p>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.</p> <p>Signature(s) of Owners: _____ Date: _____</p>

<p>For Office Use Only: Date Received: _____ Received by: _____</p>
