

Monroe County Health Department

1315 Jamie Lane Waterloo, IL 62298

(618) 939-3871

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

	Name:	Address:	Phone Number:
Business			
Owner(s)			

CERTIFIED FOOD PROTECTION MANAGERS:		
NAME:	ID NUMBER:	EXPIRATION DATE:

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: _____
Fruit Butter: apple apricot grape peach plum quince prune
Breads/Cookies/Cakes/Pies/Pastries: _____ _____
The following product(s) have been tested by a commercial laboratory and deemed, "Not Potentially Hazardous" with a pH below 4.6. Item: _____ _____
PRODUCT LABELING
1. The name and address of the cottage food operation.

2. The common or usual name of the food product.
3. All ingredients including colors, artificial flavors, preservatives, listed in decreasing order of prominence by weight.
4. Statement “ **This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.**”
5. The date the product was processed.
6. Allergen labeling as specified in the federal labeling requirements.

Owner’s Statements:

1. This food can be sold at Farmer’s Markets, fairs, online, or direct sales by the producer of the food, or a family member.
2. Cottage Food products may not be sold to retail stores, restaurants, or to wholesalers, brokers, or other food distributors who resell food.
3. I will place a placard at my stand with the following wording: “**This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.**”
4. I understand that if my product received a complaint, or if the Monroe County Health Department believes an imminent health hazard exists, including suspicion that a food borne illness outbreak has occurred, my operation will cease until it is deemed safe by the Monroe County Health Department. I agree to have the Monroe County Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.

Signature(s) of Owners:

Date: _____