



APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION

Cottage food is an operation conducted by a person who produces or packages approved food or drink in a kitchen located in that person's primary domestic residence or another appropriately designed and equipped residential or commercial style kitchen on the property for direct sale by the owner, family member or employee, per Public Act 100-0035.

BUSINESS NAME:			
OWNERS NAME:	BUSINESS/HOME ADDRESS:	PHONE NUMBER	EMAIL

Certified Food Protection Manager Certification (CFPM)	
Name (same as above)	ID number & course provider

List all products to be sold	Office use for review	
Product name/type	<i>Label attached</i>	<i>Testing required</i>

LABELS MUST CONTAIN THE FOLLOWING INFORMATION:

- Name & address of cottage food operation
- Common name of product
- Date the product was processed
- The phrase: *“This product was produced in a home kitchen not subject to public health inspections that may also process common food allergens”*
- All ingredients, including colors, artificial flavors & preservatives listed in descending order by weight using common names
- Allergen labeling as specified in federal labeling requirements

SAMPLING

All samples must be pre-packed in the home.
Or a IDPH Sampling Certification must be provided

TESTING

If testing is required, laboratory results must be provided, proving a product is “not potentially hazardous” with a pH below 4.6

*A place card must be present at point of sale, prominently displayed stating the following: **“This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.”***

Cottage food vendors must register with the Will County Health Department annually and pay the \$25 annual registration fee at time of application.

**Additional information on, CFPM, prohibited items, labeling, product testing and sampling can be found at www.dph.illinois.gov*

OWNER’S STATEMENT

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 or foodborne illness outbreak.

I also understand that a Cottage food registration *only* allows me to sell my product at Farmer’s Markets in Illinois or directly to the consumer if the requirements of Public Act 100-0035 are met.

Signature(s) of owner:

_____ **Date:** _____

_____ **Date:** _____

Office use only:	Will County Health Department Approval	
Application Reviewed by:	Yes/NO	Date:
INVOICE#		