



Ford County Public Health Department  
 235 North Taft Street  
 Paxton, IL 60957  
 Phone: (217)379-9281 Fax: (217)379-2802

**APPLICATION FOR COTTAGE INDUSTRY REGISTRATION**

	Name	Address	Phone Number
Business			
Owners			

CERTIFIED FOOD HANDLERS	
NAME	ID NUMBER (issued by IDPH)

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:
Jem/Jelly/Perserves/Fruit Pie: apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry boysenberry cherry cranberry strawberry red currants combination of the above: _____
Fuit 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

- ✓ 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

#### OWNERS'S STATEMENTS

- 1) This food will only be sold at a Framer's Market.
- 2) Gross sales do not exceed \$25,000 each calendar year.
- 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 receives a complaint, or if the Ford County Public 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 Ford County Public Health Department. I agree to have the Ford County Public Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.

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

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