

Greene County Health Dept

310 Fifth Street

Carrollton, IL 62016

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

	Name	Address	Phone Number
Business			
Owner(s)			

CERTIFIED FOOD HANDLERS	
NAME	IL FSSMC 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: apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry boysenberry cherry cranberry strawberry red currants combination of the above: _____
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 (**Attach a copy of the laboratory results**).

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

Owner's Statements

1. This food will only be sold at a Farmer'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 Greene County Health Department believes an imminent health hazards exists, including suspicion that a food borne illness outbreak has occurred, my operation will cease until it is deemed safe by the Greene County Health Department. I agree to have the Greene County Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.

Signature(s) of

Owners: _____

Date: _____