

Greene County Health Department

310 Fifth Street
Carrollton, IL 62016

HOME KITCHEN OPERATION REGISTRATION

	Name	Address	Email	Phone Number
Owner				

*If the owner's name, address or phone number change, the owner must notify the Dept. in writing of that change immediately. Failure to comply will void this permit.

**If person (owner) preparing and selling products has an
IL Food Service Sanitation Manager Certificate, please indicate below. (Not required)**

NAME	IL FSSMC ID NUMBER/EXPIRATION DATE

**NON POTENTIALLY HAZARDOUS BAKED GOODS
(please circle/list the items you will be preparing and selling)**

Breads/ Cookies/ Cakes/ Pies/ Pastries (must use only high acid fruit and cannot include potentially hazardous fillings or toppings):

PRODUCT LABELING

- A written notice is provided to the purchaser, **"This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."**

Owner's Statements

1. The non-potentially hazardous baked goods are produced in a kitchen of that person's primary domestic residence for direct sale by the owner or a family member or for sale by a religious, charitable, or nonprofit organization, stored in the residence where the food is made.
2. Monthly gross sales do not exceed \$1,000.
3. I understand that if my product receives a complaint, or if the Greene County Health Department (GCHD) believes an imminent health hazards exists, including suspicion that a foodborne illness outbreak has occurred, my operation will cease until it is deemed safe by the GCHD. I agree to have the GCHD inspect my premises at a reasonable fee if such complaint or foodborne illness outbreak occurs.

Signature of Owner: _____ Date: _____