



Fayette County Health Department

416 W. Edwards Street Vandalia, IL PH: 618-283-1044

APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION

Name of Business: _____ Phone #: _____

Owner's Name: _____

Address where food is being prepared: _____

Mailing Address (if different from above): _____

| Food Service Sanitation Manager Certification | | |
|---|------------|------------------|
| Name: | ID Number: | Expiration Date: |
| | | |
| | | |

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|---|
| 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: List ingredients: _____ |
| 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 / Pastries: List type of each item: _____ _____ _____ |

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 laboratory results.

Item(s): _____

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

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 complaint or foodborne illness outbreak.

Signature of owners: _____ Date: _____

_____ Date: _____