

Bond County Health Department

1520 South Fourth Street

Greenville, IL 62246

Phone 618 664-1442, Fax 618 664-1744

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

	Name	Address	Phone Number
Business			
Owner(s)			

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: _____
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. 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 Bond 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 Bond County Health Department. I agree to have the Bond County Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.

Signature(s) of

Owners: _____

Date: _____