# **Egyptian Health Department** 1412 US 45 N, Eldorado, IL 62930

## **Application for Cottage Food Operations Registration**

### Section 1: General info:

Personal Contact Information:	Business Contact Information:	
Owner/Operator Name:	Name of Cottage Food Operation:	
Home Address:	Cottage Food Operation Address:	
Home City:		
State:Zip:	City:	
County:		
Home Phone:		
Personal Email:	Business Phone:	
Tersonal Emain	Business Email:	
	Business Website:	
	Dusiness Website.	
Food Service Protection Manager Certificate ID number	er:Exp. Date:	
Previously registered? □Yes □No If yes, Cottage Foo	od Registration number	
Guidance Doc for more details on allowable and unallowable and unallowable and unallowable check off all products you intend to product Low-risk shelf stable products:  □ Jams, Jellies, Preserves, Syrups □ Fruit Butters, Fruit Pies, Fruit Pastries, Empanadas □ Bread, Tortillas, Cookies, Scones or Other Baked G	e.	
Items with additional instruction:  □ Salad dressings, Vinegars, Infused Oils □ Cheesy Bread or other Baked Goods Containing Ch □ Fermented Foods (kimchi, kraut, etc) □ Acidified Fruits or Vegetables (pickles, shrubs, hot s □ Cakes, Cupcakes, and Other Baked Goods with Fro □ Fresh Cut Fruit & Vegetables (zucchini noodles, pas □ Canned Tomato Products □ Vegan soups, Vegan Meals, or other Heat-Treated F □ Fresh-Pressed Juices or Bottled Drinks	auces, relishes, condiments) stings and Icings sta salads with veg, fruit bowls, etc.)	
Other		

#### **Section 3: Sales Avenues**

Food and drink produced by a cottage food operation shall be sold directly to consumers for their own consumption and not for resale. Sales to retail stores such as restaurants, grocery stores, or bakeries are prohibited. Sales to third party distributors for resale are prohibited. Sales to third party distributors that deliver products on your behalf are prohibited. All sales of cottage foods are limited to within the state of Illinois. A cottage food operation may sell products outside of the municipality or county where the cottage food operation is located. A copy of your certificate of registration must be available upon request by the Department and any local health department.

	Please indicate how you will sell your products. Check all that apply.			
☐ Pick-up from my home or farm (Note:	☐ Online sales			
cottage food businesses selling from their home may be				
prohibited from some sales activities at home by local	☐ Delivery directly to customer			
laws that apply to all cottage food operations. Please				
check with your unit of local government about	☐ Farmers Market/Fairs/Festivals/Pop up stand/Public			
requirements on parking, signage, customer counts, etc.)	event			
☐ On-farm store	☐ Shipping (Each cottage food product that is shipped must be sealed in a manner that reveals tampering,			
☐ Delivery to or pick-up from a third party private	including, but not limited to, a sticker or pop top. Cottage			
property with consent of the property holder (i.e. drop off/pick-up location/pop-up stand)	foods may not be shipped across state lines.)			
ony pick-up location, pop-up stand,	□ Other:			
Section 4: Signage				
At the point of sale, notice must be provided in a prominent loproduced in a home kitchen not inspected by a health de lf you have safety concerns, contact your local health de Online, notice shall be a message on the cottage food operat	partment that may also process common food allergens. partment." At a physical display, notice shall be a placard.			
produced in a home kitchen not inspected by a health de If you have safety concerns, contact your local health de	partment that may also process common food allergens. partment." At a physical display, notice shall be a placard. ion's online sales interface at the point of sale.			

#### Section 5: Labeling:

All cottage food products must be pre-packaged in the home kitchen. The food packaging must conform to the labeling requirements of the Illinois Food, Drug and Cosmetic Act, and must contain the following phrase in prominent lettering: "This product was produced in a home kitchen not inspected by a health department that may also process common food allergens. If you have safety concerns, contact your local health department."

#### **Special Labeling Opportunity for Local Ingredients**

Are you using any ingredients grown or raised on an Illinois farm and purchased directly from the farmer? If so, you are entitled and encouraged to use the following terminology on your label: Illinois Grown, Illinois-Sourced, Illinois Farm Product

#### Request for a labeling exemption:

□ \$\_\_\_\_Registration Fee in cash or check

Cottage food operators may request an exemption from product packaging for foods that are not easily packaged (i.e., wedding cakes), for foods that are more suited to bulk containers or display cases (i.e., donuts or scones), or for other reasons. If the exemption is granted, the cottage food producer must include all labeling requirements on a receipt or similar document that is delivered to that consumer with the product, and the cottage food warning sign must still be present at point of sale. The local health department has the authority to accept or deny the exemption request. □Request for product packaging exemption Please list the products for which you are requesting an exemption and provide a rationale: **Section 6: Employees** Employees are allowed under cottage food law. All persons that prepare or package food must have their Certified Food Protection Manager (CFPM) Certificate. The CFPM is not required for employees that handle sales, marketing, admin. or other facets of the business. Please list the persons that prepare or package food: Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Section 7: Checklist of Required Information ☐ A copy of a valid Food Service Protection Manager Certificate ☐ A product label for each product category selected in Section 2, demonstrating that you are complying correctly with labeling regulations ☐ If on a private water supply, a copy of water test results showing satisfactory E. coli/Coliform bacteria results ☐ If producing acidified or fermented foods (pickles, kraut, kimchi, etc.), one of the following: A. A completed food safety plan and representative pH Test for each product with a different food safety process Example: Delia makes pickled cucumbers, pickled beets, kimchi, and hot sauces. Each of these four products requires a different process to make. She will need to submit a food safety plan and pH test for all four products. Example: Janae makes a pickled cucumber recipe that has five different variations (one with dill, one with jalapenos, one with more sugar, one with stevia, and one with ginger). Although the recipes vary slightly, the pickling process is the same for all five recipes. Janae must submit just one food safety plan and a pH test for at least one pickle recipe as evidence that her process is safe. A pH test and food safety plan is not required for all five recipe variations. B. An approved recipe from the USDA National Center for Home Food Preservation or the cooperative extension office of any state. ☐ If producing canned tomatoes or canned tomato products (i.e. salsa, pasta sauce, etc), one of the following: A. pH test for each canned tomato recipe B. An approved canning recipe from the USDA National Center for Home Food Preservation or the cooperative extension office of any state.

#### **Section 8: Owner Statement**

☐ The information provided in this application accurately represents my operation; and I understand that I must grant the local health official access to my residence for the purpose of inspection in the event of an illness outbreak, upon notice from a different local health department, or if the Department or a local health department has reason to believe that an imminent health hazard exists or that a cottage food operation's product has been found to be misbranded, adulterated, or not in compliance with the conditions for cottage food operations set forth in this				
$\square$ I understand that if an inspection is	warranted, I may be charged a fee by the he	ealth department of \$		
SignatureDate				
For office use only  \$Registration Fee:	☐ Check # Registration	on Number		
□ Accepted □ Denied By:	Date:			