Egyptian Health Department Application

Application for Cottage Food Operations Registration

https://egyptian.org/food-service-program/

Section 1: General info

Personal Contact Information:

Owner/Operator Name: _____

Home Address: _____ Home City: _____ Zip: _____

County: _____ Phone: _____

Personal Email: _____

Business Contact Information:

Name of Cottage Food Operation: _____

Cottage Food Operation Address: _____

City: _____ Zip: _____ County: _____

Business Phone: _____ Business Email: _____

Business Website: _____

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. Provide the Certified Food Protection Manager Certificate ID number and expiration date for all persons preparing food:

Name: _____CFPM number: _____ Exp. Date: _____
Name: _____CFPM number: _____ Exp. Date: _____
Name: _____CFPM number: _____ Exp. Date: _____

Have you previously registered as a Cottage Food Operation? ☐Yes, Previous Registration #_____ ☐No
Are you on a private well? ☐Yes ☐No

- If yes, provide a copy of water test results showing satisfactory E. coli/Coliform bacteria results.

Section 2: Product Categories

A cottage food operation may produce a wide variety of food and drink in their home kitchen.
Check off all products you intend to produce.

Low-risk shelf stable products:	**Items with additional instruction: See Cottage Food Guide for additional requirements**
☐ Jams, Jellies, Preserves, Syrups ☐ Fruit Butters, Fruit Pies, Fruit Pastries, Empanadas ☐ Bread, Tortillas, Cookies, Scones or Other Baked Goods without Frostings or Cheese. ☐ Dehydrated or Dried Fruits, Vegetables, and Spices (dried spices, herbal teas, fruit leathers, apple chips, etc.) ☐ Roasted and/or Ground Coffee or Nuts ☐ Candies and Caramels	☐ Salad dressings, Vinegars, Infused Oils ☐ Cheesy Bread or other Baked Goods Containing Cheese ☐ Fermented Foods (kimchi, kraut, etc.) ☐ Acidified Fruits or Vegetables (pickles, shrubs, hot sauces, relishes, condiments) ☐ Cakes, Cupcakes, and Other Baked Goods with Frostings and Icings ☐ Fresh Cut Fruit & Vegetables (zucchini noodles, pasta salads with veg, fruit bowls, etc.) ☐ Canned Tomato Products ☐ Vegan soups, Vegan Meals, or other Heat-Treated Produce ☐ Fresh-Pressed Juices or Bottled Drinks

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 IPDH 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: cottage food businesses selling from their home may be prohibited from some sales activities at home by local laws that apply to all cottage food operations. Please check with your unit of local government about requirements on parking, signage, customer counts, etc.) ☐ On-farm store ☐ Delivery to or pick-up from a third-party private property with consent of the property holder (i.e. drop off/pick-up location/pop-up stand)	☐ Online sales – Must be limited to Illinois only ☐ Delivery directly to customer ☐ Farmers Market/Fairs/Festivals/Pop up stand/Public event ☐ Shipping (Each cottage food product that is shipped must be sealed in a manner that reveals tampering, including, but not limited to, a sticker or pop top. Cottage foods may not be shipped across state lines.) ☐ Other: _____

If you selected "Shipping" from above, please describe how you will seal your product in a manner that reveals tampering:

_____

_____

_____

Section 4: Signage

At the point of sale, notice must be provided in a prominent location that states the following: **"This product was produced in a home kitchen not inspected by a health department that may also process common food allergens."** At a physical display, notice shall be a placard. Online, notice shall be a message on the cottage food operation's online sales interface at the point of sale.

Please indicate all the ways in which you will notify customers at point of sale:

☐ Prominent placard at my booth/stall (8in x 10in minimum)
☐ Signage placed prominently at the pick-up location at my home/farm (8in x 10in minimum)
☐ Language placed prominently at the point of sale on my website or sales platform
☐ Other: _____

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.**"

Label Requirements:

- ☐ The name of the cottage food operation
- ☐ Common or usual name of food product
- ☐ All ingredients of the food product, including any color, artificial flavors and/or preservatives, listed in descending order by weight, shown with the common or usual names
- ☐ **Allergen labeling if any of the ingredients contain: milk, eggs, wheat, peanuts, soybeans, fish, tree nuts, shellfish, and sesame.**
- ☐ Net weight
- ☐ Registration number provided by the local health department

- ☐ Name of the municipality or county in which the registration was filed
- ☐ The date the product was processed/made
- ☐ 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.**"

Allergen Labeling Requirements

Labels must identify if any of the following are included in any of the product ingredients: milk, eggs, wheat, peanuts, soybeans, fish, tree nuts, shellfish, and sesame.

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:

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.

List the products for which you are requesting an exemption and provide a rationale:

_____

_____

_____

Section 6: Checklist of Required Information

☐ Copies of all valid Certified Food Protection Manager Certificates.

☐ If on a private water supply, a copy of water test results showing satisfactory E. coli/Coliform bacteria results.

☐ A product label and/or laboratory testing results as required for **each product category selected in Section 2**.

☐ 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 are 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.

☐ $50.00 registration fee

☐ Cottage Food Operation Home Self-Certification Checklist

Section 7: 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 Section 4 of the IL Food Handling Regulation Enforcement Act (FHREA), effective 1-1-25.

☐ I understand that if an inspection is warranted, I may be charged a fee by the health department.

☐ Cottage foods are to be sold from my home, farm or to the end user via delivery within state, online, farmer's markets, fairs and festivals. It is prohibited to sell to or in restaurants, stores, bakeries, schools, or to be sold to a 3rd party.

Signature _____ Date _____

For office use only

□ Accepted □ Denied By: _____ Date: _____

Registration Number: _____

Remarks / Notes: _____

Completed registration form, all supporting documentation, and registration fee may be submitted to EHD by one of the following methods:	In Person: 1412 US 45 N, Eldorado, IL 62930 1705 College Ave., Carmi, IL 62821 Mail: Egyptian Health Department Attn: Environmental Health 1412 US 45 N Eldorado, IL 62930 Email: klane@egyptian.org