



McDonough County Health Department  
 505 E. Jackson, Macomb, IL 61455  
 (309)837-9951

**APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION**

Name of Business: \_\_\_\_\_ Phone# \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address where food is being prepared: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Food Service Sanitation Manager Certification		
NAME	ID NUMBER (issued by IDPH)	EXP. DATE

PRODUCTS (please circle the items you will be making and selling)
<b>Dry herb, dry herb blend or dry tea blend intended for end-use only:</b>
<b>Jam/Jelly/Preserve/Fruit Pie:</b> apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry cherry cranberry strawberry red currants combination of the above: _____
<b>Fruit Butter:</b> apple apricot grape peach plum quince prune
<b>Breads/Cookies/Cakes/Pastries:</b>

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(s) of  
Owners: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_