

PERRY COUNTY HEALTH DEPARTMENT

P.O. Box 49
907 South Main Street
Pinckneyville, IL 62274
618-357-5371

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

	Name	Address	Phone Number
Business			
Owner (s)			

FOOD SERVIC SANITATION MANAGER CERTIFICATION

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/Pastries:

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 the laboratory results.

Item: _____

Please complete page 2

Application for Cottage Industry Registration

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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 STATEMENT

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: _____

Application reviewed by:

Signature: _____

Date: _____