



2550 North Annie Glidden Road, DeKalb, IL 60115  
 Main 815-758-6673 Fax 815-748-2485  
 www.dekalbcountyhealthdepartment.org

## APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

*Type or Print Information Only*

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

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

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

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

E-Mail: \_\_\_\_\_

<b>Food Service Sanitation Manager Certification</b>	
NAME	ID NUMBER (issued by IDPH)

<b>Products (please circle the items you will be making and selling)</b>
<b>Dry herb, dry herb blend or dry tea blend</b> intended for end-use only: _____
<b>Jam/ Jelly/ Preserves/ Fruit Pie:</b> apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry boysenberry 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>

<p>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.</p> <p>Item: _____</p>
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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 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: \_\_\_\_\_

Annual Registration Fee of \$25.00