



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

APPLICATION FOR HOME KITCHEN REGISTRATION
(Annual Registration Required – No Fee)

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: _____

In order to qualify as a home kitchen operation, the following conditions must be met:

- a) Monthly gross sales may not exceed \$1,000.
- b) Only non-potentially hazardous baked goods may be sold.
- c) A notice is provided to the purchaser that the product was produced in a home kitchen.
- d) The food package is affixed with a label or other written notice is provided to the purchaser that includes:
 - i. The common or usual name of the food product; and
 - ii. Allergen labeling as specified in federal labeling requirements by the United States Food and Drug Administration.
- e) The food is sold directly to the consumer.
- f) The food is stored in the residence where it is produced or packaged.
- g) The person preparing and selling products as a home kitchen operation has a Department of Public Health approved Food Service Sanitation Management Certificate.
- h) That the home kitchen operation must register with the DeKalb County Health Department and agree in writing at the time of registration to grant access to the DeKalb County Health Department to conduct an inspection of the home kitchen operation in the event of a consumer complaint or foodborne illness outbreak

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

Products (please list the items you will be making and selling) Only Non-Potentially Hazardous Baked Goods are Allowed
Breads/ Cookies/ Cakes/ Pastries: <hr/> <hr/> <hr/> <hr/>

Product Labeling
<ul style="list-style-type: none"> • The common or usual name of the food product • A notice that the product was produced in a home kitchen. • Allergen labeling as specified in federal labeling requirements

Owner's Statements
<p>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.</p> <p>Signature(s) of Owners: _____</p> <p>_____</p> <p>Date: _____</p>