



**Public Health**  
Prevent. Promote. Protect.

Rock Island County  
Health Department

## ROCK ISLAND COUNTY HEALTH DEPARTMENT

2112 25<sup>TH</sup> AVENUE, ROCK ISLAND, IL 61201

Phone # 309-558-2840 e-mail pguse@co.rock-island.il.us

### 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: \_\_\_\_\_

Market Location(s) \_\_\_\_\_

FOOD SERVICE 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:

\_\_\_\_\_

### TESTING (If item is not listed on first page)

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: \_\_\_\_\_  
\_\_\_\_\_

### 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 that any of the listed products will only be sold at a farmers' market and that gross sales will not exceed \$25,000 each calendar year. I will place a placard at my stand with the same advisory statement contained on the product label. I understand if a local health department receives a consumer complaint or has reason to believe that an imminent health hazard exists or that a product has been found to be misbranded, adulterated, or not in compliance with the exception for cottage food operations, then the health department may require cessation of sales until it deems that the situation has been properly addressed. Furthermore, I agree to grant access to the 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: \_\_\_\_\_

### LOCAL HEALTH DEPARTMENT USE ONLY

Jurisdiction (County/City) \_\_\_\_\_

Signature/printed name of sanitarian \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_