



Public Health
Prevent. Promote. Protect.

Rock Island County
Health Department

ROCK ISLAND COUNTY HEALTH DEPARTMENT

2112 25TH AVENUE, ROCK ISLAND, IL 61201

Phone # 309-558-2840 e-mail jwatts@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: _____
