Public Health
Prevent. Promote. Protect.
Rock Island County
Health Department

Application for Cottage Food Operations Registration

Section 1: General Information

Personal Contact Information	**Business Contact Information**
Owner/Operator Name: _____	Name of Cottage Food Operation: _____
Home Address: _____	Cottage Food Operation Address: _____
Home City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
County: _____	County: _____
Home Phone: _____	Business Phone: _____
Personal Email: _____	Business Email: _____
	Business Website: _____

Food Service Protection Manager Certificate ID number: _____ Exp. Date: _____
Previously registered? ☐Yes ☐No If yes, Cottage Food Registration number _____

Section 2: Product Categories

A cottage food operation may produce a wide variety of food and drink in their home kitchen.

Check off all products you intend to produce.

Low-risk shelf stable products
☐ Jams, jellies, preserves, syrups
☐ Fruit butters, fruit pies, fruit pastries, empanadas
☐ Bread, tortillas, cookies, scones, or other baked goods without frostings or cheese.
☐ Dehydrated or dried fruits, vegetables, and spices (dried spices, herbal teas, fruit leathers, apple chips, etc.)
☐ Roasted and/or ground coffee or nuts
☐ Candies and caramels

Items with additional instruction
☐ Salad dressings, vinegars, infused oils
☐ Cheesy bread or other baked goods containing cheese
☐ Fermented foods (kimchi, kraut, etc.)
☐ Acidified fruits or vegetables (pickles, shrubs, hot sauces, relishes, condiments)
☐ Cakes, cupcakes, and other baked goods with frostings and icings
☐ Fresh cut fruit and vegetables (zucchini noodles, pasta salads with vegetables, fruit bowls, etc.)
☐ Canned tomato products
☐ Vegan soups, vegan meals, or other heat-treated produce
☐ Fresh-pressed juices or bottled drinks

Other: _____

Section 3: Sales Avenues

Food and drink produced by a cottage food operation shall be sold directly to consumers for their own consumption and not for resale. Sales to retail stores, such as restaurants, grocery stores, or bakeries; to third party distributors for resale; or to third party distributors that deliver products on your behalf are
prohibited. Sales of cottage foods are limited to within the state of Illinois. A cottage food operation may sell products outside of the municipality or county where the cottage food operation is located. A copy of your certificate of registration must be available upon request by IDPH and any local health department.

Indicate how you will sell your products. Check all that apply.	
☐ Pick-up from my home or farm (Note: cottage food businesses selling from their home may be prohibited from some sales activities at home by local laws that apply to all cottage food operations. Check with your unit of local government about requirements on parking, signage, customer counts, etc.). ☐ On-farm store ☐ Delivery to or pick-up from a third-party private property with consent of the property holder (i.e., dropoff/pick-up location/pop-up stand).	☐ Online sales ☐ Delivery directly to customer ☐ Farmers market/fairs/festivals/pop up stand/public event ☐ Shipping (Each cottage food product that is shipped must be sealed in a manner that reveals tampering, including, but not limited to, a sticker or pop top. Cottage foods may not be shipped across state lines.) ☐ Other: _____

If you selected “Shipping” from above, describe how you will seal your product in a manner that reveals tampering:

_____
_____
_____

Section 4: Signage

At the point of sale, notice must be provided in a prominent location that states the following: **"This product was produced in a home kitchen not inspected by a health department that may also process common food allergens. If you have safety concerns, contact your local health department."** At a physical display, notice shall be a placard. Online, notice shall be a message on the cottage food operation's online sales interface at the point of sale.

Indicate the ways in which you will notify customers at point of sale:

☐ Prominent placard at my booth/stall (8in x 10in minimum).
☐ Signage placed prominently at the pick-up location at my home/farm (8in x 10in minimum).
☐ Language placed prominently at the point of sale on my website or sales platform.
☐ Other: _____

Section 5: Labeling

All cottage food products must be pre-packaged in the home kitchen. The food packaging must conform to the labeling requirements of the Illinois Food, Drug, and Cosmetic Act, and must contain the following phrase in prominent lettering: "**This product was produced in a home kitchen not inspected by a health department that may also process common food allergens. If you have safety concerns, contact your local health department.**"

Special Labeling Opportunity for Local Ingredients

Are you using any ingredients grown or raised on an Illinois farm and purchased directly from the farmer? If so, you are entitled and encouraged to use the following terminology on your label**: Illinois Grown, Illinois-Sourced, Illinois Farm Product**

Request for a labeling exemption

Cottage food operators may request an exemption from product packaging for foods that are not easily packaged (i.e.,wedding cakes), for foods that are more suited to bulk containers or display cases (i.e., donuts or scones), or for other reasons. If the exemption is granted, the cottage food producer must include all labeling requirements on a receipt or similar document that is delivered to that consumer with the product, and the cottage food warning sign must still be present at point of sale. The local health department has the authority to accept or deny the exemption request.

☐Request for product packaging exemption

List the products for which you are requesting an exemption and provide a rationale:

_____
_____
_____

Section 6: Employees

Employees are allowed under cottage food law. All persons that prepare or package food must have their Certified Food Protection Manager (CFPM) Certificate. The CFPM is not required for employees that handle sales, marketing, administration, or other facets of the business.

List the persons that prepare or package food:

Name:_____CFPM number:_____Exp. Date:_____
Name:_____CFPM number:_____Exp. Date:_____
Name:_____CFPM number:_____Exp. Date:_____

Section 7: Checklist of Required Information

☐ A copy of a valid Food Service Protection Manager Certificate.

☐ A product label for **each product category selected in Section 2**, demonstrating that you are complying correctly with labeling regulations.

☐ If on a private water supply, a copy of water test results showing satisfactory E. coli/coliform bacteria results.

☐ If producing acidified or fermented foods (pickles, kraut, kimchi, etc.), one of the following:

A. A completed food safety plan and representative pH Test for each product with a different food safety process.

   Example: Delia makes pickled cucumbers, pickled beets, kimchi, and hot sauces. Each of these four products requires a different process to make. She will need to submit a food safety plan and pH test for all four products.

   Example: Janae makes a pickled cucumber recipe that has five different variations (one with dill, one with jalapenos, one with more sugar, one with stevia, and one with ginger). Although the recipes vary slightly, the pickling process is the same for all five recipes. Janae must submit just one food safety plan and a pH test for at least one pickle recipe as evidence that her process is safe. A pH test and food safety plan are not required for all five recipe variations.

B. An approved recipe from the U.S. Department of Agriculture (USDA) National Center for Home Food Preservation or the cooperative extensionoffice of any state.

☐ If producing canned tomatoes or canned tomato products (i.e., salsa, pasta sauce, etc.), one of the following:

A. pH test for each canned tomato recipe
B. An approved canning recipe from the USDA National Center for Home Food Preservation or the cooperative extension office of any state.

☐ $____Registration fee in cash or check

Section 8: Owner Statement

☐ The information provided in this application accurately represents my operation. I understand that I must grant a local health official access to my residence for the purpose of inspection in the event of an illness outbreak, upon notice from a different local health department, or if IDPH or a local health department has reason to believe that an imminent health hazard exists, or that a cottage food operation's product has been found to be misbranded, adulterated, or not in compliance with the conditions for cottage food operations set forth in this

☐ I understand that if an inspection is warranted, I may be charged a fee by the health department of $_____

Signature_____Date _____

For office use only

$____Registration Fee: ☐ Cash ☐ Check #_____ _____Registration Number

Remarks / Notes:
_____

☐ Accepted ☐ Denied By: _____Date:_____

Please submit check payment to:
Rock Island County Health Department
2112 25th Avenue
Rock Island, IL 61201

Or via debit/credit card to:
309-558-2840