



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

Environmental Health
Rock Island County Health Department
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APPLICATION FOR COTTAGE FOOD INDUSTRY ANNUAL REGISTRATION

Name of Business: _____

Phone #: _____ E-mail Address: _____

Owner Name(s): _____

Address where food is being prepared:

Mailing address if different from above:

Market Location(s) date(s) and time(s) _____

CERTIFIED FOOD PROTECTION MANAGER		
NAME	ID NUMBER	Expiration Date

Review the following products which are prohibited for Cottage Food Operations:

- A. Meat, poultry, fish, seafood, or shellfish
- B. Dairy, except as an ingredient in a non-potentially hazardous baked good or candy, such as caramel
- C. Eggs, except as an ingredient in a non-potentially hazardous baked good or in dry noodles
- D. Pumpkin pies, sweet potato pies, cheesecakes, custard pies, crème pies, and pastries with potentially hazardous fillings or toppings.
- E. Garlic in oil
- F. Canned foods, except for fruit jams, fruit jellies, fruit preserves, fruit butters, and acidified vegetables
- G. Sprouts
- H. Cut leafy greens, except for leafy greens that are dehydrated or blanched and frozen
- I. Cut fresh tomato or melon
- J. Dehydrated tomato or melon
- K. Frozen cut melon
- L. Wild-harvested, non-cultivated mushrooms
- M. Alcoholic beverages

PRODUCTS (List the items and flavors you will be making and selling)

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
- **Must submit copy of each product label to Health Department with application**

Owner’s Statements

I, _____, agree that any of the listed products will only be sold at a farmers’ market. 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: _____
