



Winnebago County Health Department

MAIL TO: P.O. Box 4009, Rockford, IL 61110-0509

PH: 815-720-4100 FAX: 815-720-4203

FOR OFFICE USE ONLY

Date: \_\_\_\_\_

Amt Rec'd: \_\_\_\_\_

Prorated/Late Fee: \_\_\_\_\_

Check No./Cash/Credit: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Permit No.: \_\_\_\_\_

REGISTRATION FOR COTTAGE FOOD INDUSTRY

Registration fee: \$25

*Failure to prominently display the approved Winnebago County Health Department Certification of Registration for Cottage Foods in the Farmers' Market booth point of sale, will result in an inspection with a fee.*

Name of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address where food is being prepared: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Food Service Sanitation Manager Certification	
NAME	ID Number with expiration date (Issued by IDPH) <b>(provide a photocopy of the certificate)</b>

PRODUCTS
<p><b>Dry herb, dry herb blend or dry tea blend</b> intended for end-use only:</p> <p>List name of products:</p> <p>_____</p> <p>_____</p>
<p><b>Jam/Jelly/ Preserves/Fruit Pie: (please circle the items you will be making and selling)</b></p> <p>apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry boysenberry cherry cranberry strawberry red currant combination of the above:</p> <p>_____</p>
<p><b>Fruit Butter: (please circle the items you will be making and selling)</b></p> <p>apple apricot grape peach plum quince prune</p>

**Breads/Cookies/Shelf Stable Cakes/Shelf Stable Pastries: (please list and indicate filling if applicable)**

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**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.**

List name of products:

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### **PRODUCT LABELING REQUIREMENTS**

- 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 predominance 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 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.

Signature(s) of Owner(s):

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Date: \_\_\_\_\_