

Livingston County Health Department

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APPLICATION TO OPERATE A COTTAGE FOOD OPERATION IN ILLINOIS

OPERATOR INFORMATION

NAME _____	BUSINESS NAME _____
ADDRESS _____	CITY, STATE, ZIP _____
HOME _____	

I attest that this food will be sold at a farmer's market only and that the gross sales do not exceed \$25,000.00 each calendar year. I will place a placard at my stand with the same wording as on the label of the product. I understand that if my product receives a complaint, or if the local health department believes an imminent health hazard exists, my operation will cease until it is deemed safe by the Department. I agree to have the Department inspect my premises at a reasonable fee if such complaint occurs.

SIGNATURE OF OWNER/OPERATORS: _____ DATE: _____

FOOD SERVICE SANITATION MANAGER CERTIFICATION

NAME	ID NUMBER	EXP DATE

PRODUCTS (please circle what 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
rasberry blueberry boysenbry cherry cranberry strawberry red currant

combination of the above: _____

Fruit butter:

apple apricot grape peach plum quince prune

Breads/Cookies/Cakes/Pies/Pastries: _____

This product has been tested by a commercial laboratory and deemed "Not Potentially Hazardous: with a ph below 4.6. Attach Laboratory Results Item: _____

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 descending order by predominance by weight
Statement "This product was produced in a home kitchen not subject to public health inspection that may process common food allergens"
The date the product was processed
Allergen labeling as specified in federal labeling requirements