



Princeton Office
 526 Bureau Valley Parkway
 Princeton, IL 61356
 Phone: 815-872-5091
 Fax: 815-872-5092

Public Health
 Prevent. Promote. Protect.
 Bureau/Putnam County Health Department
 www.bpchd.org

Hennepin Office
 220 East High Street
 Hennepin, IL 61327
 Phone: 815-925-7326
 Fax: 815-925-7001

COTTAGE FOOD LAW REGISTRATION

Business

Name: _____

Owner(s)

Name: _____

Address: _____ City: _____ Zip
 Code _____

Phone Number: _____ Email

Address: _____

Food Service Sanitation Managers

Name	ID Number	Expiration Date

Products (Please circle items you make and sell)

<p>Dry Herb, Dry Herb, or Dry Tea Blend (Intended for End Use Only):</p>
<p>Jam / Jelly / Preserves / Fruit Pie:</p> <p>Apple Apricot Grape Peach Plum Quince Orange Nectarine Tangerine Blackberry</p> <p>Raspberry Blueberry Boysenberry Cherry Cranberry Strawberry Red Currants</p> <p>Combination of the Above (explain): _____</p>



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Fruit Butter:

Apple Apricot Grape Peach Plum Quince Prune

Breads / Cookies / Cakes / Pies / Pastries

Describe: _____
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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 Lab Forms):

Item(s): _____
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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 (Read Facts Sheet)

Owners Statements



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- Each Cottage Food Operator’s product can only be for sale at Farmer’s Markets.
- Gross sales do not exceed \$25,000.00 per calendar year.
- I will place a placard at my operation at a Farmer’s Market with the following wording:
“This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.”
- I understand that if my product receives a complaint, or if the Bureau/Putnam County Health Department believes that if an imminent health hazard exists, including suspicion that a foodborne illness outbreak has occurred, my operation will cease until it is deemed safe by the Bureau/Putnam County Health Department. I agree to allow the Bureau/Putnam County Health Department to inspect my premises at a charge of \$50.00 per inspection, if such complaint or foodborne illness outbreak occurs.

Signature(s) of
 Owner(s): _____

Date: _____

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Office use only:		
Date Application Received: _____	Received by: _____	Paid/Date: _____
License #: _____	Date Issued: _____	Expiration Date: _____