



TAZEWELL COUNTY COTTAGE FOOD INDUSTRY REGISTRATION

(Reference: IL Senate Bill 1852 – Cottage Food Law)

Name of Business _____

Owner/Operator _____

Home address _____ City _____

Home phone () _____ Cell phone () _____

Mailing address (if different from above) _____

Name of Farmers Market _____

Market address _____ City _____

Days and hours of operation _____

Illinois Food Service and Sanitation Manager Identification

Name _____ Id # _____ Exp. _____

PRODUCTS: (please circle the items 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 raspberry boysenberry cherry cranberry strawberry red currents
 combination of the above: _____

Fruit Butter: apple apricot grape peach plum quince prune

Breads/ Cookies/ Cakes/ Pastries:

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.

Item: _____

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 processed in a home kitchen not subject to public health inspection that may also process common food allergens.**”
- Allergen labeling as specified in federal labeling requirements

OWNER’S STATEMENTS

I, _____, have reviewed the Guidelines for farmer’s markets as well as the Cottage Food Operation Fact Sheet and ensure that all items will be met. I also 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 outbreak.

Signature of Owner/operator: _____

Date: _____

Mail the completed form to:

Environmental Health Supervisor(Food)
Tazewell County Health Department
21306 IL Rte. 9
Tremont, IL 61568-9252