



Clark County Public Health Department

997 N York St, Martinsville, IL 62442

Phone: (217) 382-4207 ~ FAX: (217) 382-4226

<http://www.clarkhd.org>

Application for Cottage Food Industry Registration

APPLICATION MUST BE MAILED IN/DROPPED OFF TO THE CLARK COUNTY PUBLIC HEALTH DEPARTMENT AT LEAST 5 WORKING DAYS PRIOR TO EVENT.

Name of Business/Organization: _____

Owner/Operator: _____ Phone #: _____

Email address: _____

Address where food is being prepared: _____

Mailing address if different from above: _____

Food Service Sanitation Manager Certification

Name	ID # (issued by IDPH)	Expiration Date

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 grape peach plum quince orange nectarine tangerine blackberry

raspberry blueberry boysenberry cherry cranberry strawberry red currants

combination of the above: _____

Fruit Butter:

apple apricot grape peach plum quince prune

Breads/Cookies/Cakes/Pastries:

Other jams, jellies, fruit butters, and pies may be produced if the cottage food operator's recipe has been tested and documented by a commercial laboratory as being not potentially hazardous, containing a pH equilibrium of less than 4.6. Please specify other products below; attach a copy of laboratory results:

Item(s):

Product Labeling MUST CONTAIN

- 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.

The following placard must be displayed in a prominent location at the point of sale:

THIS PRODUCT WAS PRODUCED IN A HOME KITCHEN NOT SUBJECT TO PUBLIC HEALTH INSPECTION THAT MAY ALSO PROCESS COMMON FOOD ALLERGENS.

Owner's Statement

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 a food borne illness outbreak.

Signature(s) of Owners: _____

Date: _____

*There is no fee for this registration.

Thank you for your cooperation.

For any further assistance please contact Chris Jackson at the Clark County Public Health Department (217) 382-4207