

Date: _____
 Invoice #: _____
 Check #: _____
 Receipt#: _____

WILL COUNTY HEALTH DEPARTMENT

501 ELLA AVENUE
 JOLIET, ILLINOIS 60433

323 QUADRANGLE DRIVE
 BOLINGBROOK, IL 60440

5601 W. MONEE-MANHATTAN
 MONEE, IL 60449

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

Owner(s)	Name	Address	Phone Number

Certified Food Protection Manager Certification	
NAME	ID NUMBER AND COURSE PROVIDER

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

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

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

Owners: _____

Date: _____

*Cottage Food Vendors must register with the Will County Health Department annually. There is a **\$25 Annual Registration Fee** due at the time of application.*

