WILL COUNTY HEALTH DEPARTMENT

APPLICATION FOR COTTAGE INDUSTRY REGISTRATION

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<tr>
<th>Owner(s)</th>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
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Certified Food Protection Manager Certification

<table>
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<tr>
<th>NAME</th>
<th>ID NUMBER AND COURSE PROVIDER</th>
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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 blueberry boysenberry cherry cranberry strawberry red currants 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: __________________________

Signature: _______________________
Date: ____________
Invoice #: ____________
Check #: ____________
Receipt#:__________
Receipt #: ____________
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.