



MCHENRY COUNTY DEPARTMENT OF HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 2200 NORTH SEMINARY AVENUE
 WOODSTOCK, ILLINOIS 60098
 PH: 815-334-4585
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 WEBSITE: www.mcdh.info

COTTAGE FOOD INDUSTRY REGISTRATION

Name of Cottage Food Operation: _____ Phone: _____

Owner Name(s): _____

Address where food is being prepared: _____

Confirm this address is the owner's principle home residence: Yes No

Mailing address if different from above: _____

Email: _____

Food Protection Manager Certification	
NAME	ID NUMBER (issued by IDPH)

PRODUCTS (please circle or indicate the items you will prepare and offer)
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 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 pH below 4.6. Attach a copy of laboratory results.

Item: _____

PRODUCT LABELING
<ul style="list-style-type: none"> 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 or 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 STATEMENT
I, _____, agree to grant access to the McHenry County Department of Health 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: _____