



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

COTTAGE FOOD INDUSTRY REGISTRATION FORM

COTTAGE FOOD OPERATION INFORMATION	Name of Cottage Food Operation:
	Phone Number:
	Owner Name(s):
	Address where food is being prepared (street, city, state, zip):
	Confirm this address is the owner's principle home residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing Address (<i>if different from above</i>):
Email:	

CERTIFIED FOOD PROTECTION MANAGER INFORMATION	Name of Certified Food Protection Manager	I.D. Number	Expiration Date

PRODUCTS (<i>please list items / products offered</i>)
The following product(s) have been tested by a commercial laboratory and deemed "Not Potentially Hazardous" with pH below 4.6 (<i>Attach a copy of laboratory results</i>):

- | 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) and Print(s) of Owner(s): _____
Signature(s) and Print(s) of Owner(s): _____
Date: _____