



DUPAGE COUNTY HEALTH DEPARTMENT

111 North County Farm Road, Wheaton, Illinois 60187

(630) 682-7400

www.dupagehealth.org

ANNUAL APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION

Forward Completed Form to Environmental Health Service Unit

Mail: DuPage County Health Department
Environmental Health Service Unit
111 N. County Farm Road
Wheaton, IL 60187

Email: kdietrich@dupagehealth.org

Fax: (630) 462-9463

- There is no fee required for this registration.

Name of Business: _____ Phone: _____

Owner Name(s): _____

Address where food is being prepared: _____

Mailing address if different from above: _____

E-Mail Address: _____

Food Service Sanitation Manager Certification		
NAME	ID NUMBER (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 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:

Everyone, Everywhere, Everyday

In an emergency go to www.protectdupage.org and tune into WDCB 90.9 fm radio.

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: _____

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 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 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: _____