



2550 North Annie Glidden Road, DeKalb, IL 60115
 Main 815-758-6673 Fax 815-748-2485
 www.dekalbcountyhealthdepartment.org

COTTAGE FOOD REGISTRATION

Type or Print Information Only

Name of Business		Business Website:	
Owner's Name		Owner's Phone:	
Owner's Address	City	State	Zip
Business Email		Business Fax:	

Cottage food operators may produce homemade food and drink to be sold only at Farmers Markets, or the farm where the agricultural product is grown/delivered directly to the consumer.

Prohibited Foods:

- meat, poultry, fish, seafood, or shellfish;
- dairy, except as an ingredient in a non-potentially hazardous baked good or candy, such as caramel;
- eggs, except as an ingredient in a non-potentially hazardous baked good or in dry noodles;
- pumpkin pies, sweet potato pies, cheesecakes, custard pies, creme pies, and pastries with potentially hazardous fillings or toppings;
- garlic in oil or oil infused with garlic; except if the garlic oil is acidified (as with salad dressing).
- canned foods**, except the following which may be canned only in Mason-style jars with new lids:
 - for fruit jams, fruit jellies, fruit preserves, fruit butters
 - syrups
 - whole or cut fruit canned in syrup
 - acidified fruit or vegetables
 - condiments such as prepared mustard, horseradish, or ketchup that do not contain ingredients prohibited on this list and which are properly acidified
- sprouts;
- cut leafy greens, except for leafy greens that are dehydrated or blanched and frozen;
- cut or pureed fresh tomato or melon;
- dehydrated tomato or melon;
- frozen cut melon;
- wild-harvested, non-cultivated mushrooms;
- alcoholic beverages; or
- Kombucha

Food Manager Certification	
Certified Manager Name and Number:	Expiration Date:

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 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
<p>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.</p> <p>Signature(s) of Owners: _____</p> <p>_____</p> <p>Date: _____</p>

Annual Registration Fee of \$25.00

Office Use Only	Registration Number	Registration Fee \$	Approved by Accounting	Approved by EH
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