



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

## COTTAGE FOOD REGISTRATION

*Type or Print Information Only*  
**Annual Registration Fee of \$25.00**

|                         |             |                         |            |
|-------------------------|-------------|-------------------------|------------|
| <b>Name of Business</b> |             | <b>Business Website</b> |            |
| <b>Owner's Name</b>     |             | <b>Owner's Phone</b>    |            |
| <b>Owner's Address</b>  | <b>City</b> | <b>State</b>            | <b>Zip</b> |
| <b>Business Email</b>   |             |                         |            |

**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

(Over)

**Food Manager Certification (please provide a copy)**

Certified Manager Name and Number:

Expiration Date:

**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

**Products (please list the items you will be making and selling)**

(Specify flavor and/or type):

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**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: \_\_\_\_\_

|                       |                     |                        |                        |                |
|-----------------------|---------------------|------------------------|------------------------|----------------|
| Office<br>Use<br>Only | Registration Number | Registration Fee<br>\$ | Approved by Accounting | Approved by EH |
|-----------------------|---------------------|------------------------|------------------------|----------------|