



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

HOME KITCHEN REGISTRATION

(Annual Registration Required – No Fee)

Type or Print Information Only

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

In order to qualify as a home kitchen operation, the following conditions must be met:

- a) Monthly gross sales may not exceed \$1,000.
- b) Only non-potentially hazardous baked goods may be sold.
- c) A notice is provided to the purchaser that the product was produced in a home kitchen.
- d) The food package is affixed with a label or other written notice is provided to the purchaser that includes:
 - i. The common or usual name of the food product; and
 - ii. Allergen labeling as specified in federal labeling requirements by the United States Food and Drug Administration.
- e) The food is sold directly to the consumer.
- f) The food is stored in the residence where it is produced or packaged.
- g) The person preparing and selling products as a home kitchen operation has an ANSI approved Food Manager Certificate.
- h) That the home kitchen operation must register with the DeKalb County Health Department and agree in writing at the time of registration to grant access to the DeKalb County Health Department to conduct an inspection of the home kitchen operation in the event of a consumer complaint or foodborne illness outbreak.

Only Non-Potentially Hazardous Baked Goods Such as Breads, Cookies, Cakes, Pies, and Pastries are allowed:

Only high-acid fruit pies that use the following fruits are allowed: apple, apricot, grape, peach, plum, quince, orange, nectarine, tangerine, blackberry, raspberry, blueberry, boysenberry, cherry, cranberry, strawberry, red currants, or a combination of these fruits.

Food Manager Certification (please provide a copy)	
Certified Manager Name and Number:	Expiration Date:

Product Labeling

- The common or usual name of the food product
- A notice that the **product was produced in a home kitchen.**
- Allergen labeling as specified in federal labeling requirements

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

(Specify flavor and/or type):

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: _____

* For the purpose of this Section, "home kitchen operation" means a person who produces or packages non-potentially hazardous baked goods, in a kitchen of that person's primary domestic residence for direct sale by the owner or a family member.

Office Use Only	Registration Number	Approved by EH	Date:
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