

Mason County Health Department



Public Health
Prevent. Promote. Protect.

1002 East Laurel Avenue. ■ Havana, Illinois 62644 ■ Phone: (309) 210-0110 ■ Fax: (309) 543-2063

Cottage Food Operation Registration

Name of Business _____ Phone #: _____

Owner Name(s) _____

Address where food is being prepared _____

Mailing address if different from above _____

Name of Farmers Market _____

Location of Farmers Market _____

Days and hours of operation _____

Illinois Food Service and Sanitation Manager Identification:

Name	ID Number	Expiration Date
1) _____	_____	_____
2) _____	_____	_____

Products: *Please circle or indicate the items you will prepare and offer for sale.*

❖ 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 boysenberry
cherry cranberry strawberry red currants or combination _____

❖ Fruit Butter:

Apple apricot grape peach plum quince prune

❖ Breads/Cookies/Cakes/Pastries:

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
- The statement “This product was processed 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

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 the laboratory results.

Item(s): _____

Owner’s Statement:

I, _____, have reviewed the Guidelines for Farmer’s Markets as well as the Cottage Food Operation Fact Sheet and ensure that all items will be met. I also 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 outbreak.

Signature of Owner _____

Date _____

For more information please contact the Mason County Health Department at (309) 210-0110, Ext 240.

Mail completed forms to:

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1002 E. Laurel Avenue
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