

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

Contact Information:

Personal Contact Information	Business Contact Information
Owner: _____	Name of Cottage Food Operation: _____
Home Address: _____ _____	Operation Address if different from home: _____
Phone: _____	Phone: _____
Email: _____	Website: _____

Certified Food Protection Manager Certification:

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

Products offered for Sale

Please check each product that you intend to produce as part of your cottage food operation.

Low Risk Items

- Jams, jellies, preserves, syrups
- Fruit butters, fruit pies, fruit pastries, empanadas
- Bread, tortillas, cookies, scones, or other baked goods
- Dehydrated or dried fruits, vegetables, and spices (dried spices, herbal teas, fruit leathers, apple chips)
- Roasted and/or ground coffee or nuts
- Candies and caramels

Higher Risk Items:

These items require a recipe tested by USDA or a written Food Safety Plan. Contact MCHD for further information and the Food Safety Plan Template.

- Salad Dressings, vinegars, and infused oils
- Cheesy bread or other baked good containing cheese
- Fermented foods (kimchi, kraut, etc.)
- Acidified fruits or vegetables (pickles, shrubs, hot sauces, relishes, condiments)
- Fresh *cut* fruit and vegetables (zucchini noodles, pasta salads with vegetables, fruit bowls, etc.)
- Canned tomato products
- Vegan soups, vegan meals, or other heat treated produce
- Fresh-pressed juices or bottles drinks

Other: _____

Method of Sales

A cottage food operation shall offer their products to be sold directly to consumers for their own consumption and NOT for resale. Please indicate how you will sell your products by checking all that apply:

- At a farmer’s market/fair/festival/pop-up stand/public event
- Pick-up from my home or farm (check with local laws concerning home businesses if applicable)
- On-Farm Store
- Online sales
- Delivered directly to customer
- In state shipping (must be sealed in manner that reveals tampering such as using stickers or pop tops)
- Other: _____

Signage

At the point of sale, a notice must be provided that states: *“This product was produced in a home kitchen not inspected by a health department that may also process common food allergens. If you have safety concerns, contact your local health department.”*

Labeling

Products must be labeled in accordance with the Illinois Food, Drug, and Cosmetic Act. Please include the following information on your labels. Exemptions to labeling requirements can be requested from MCHD.

- The Name of the cottage food operation
- The permit number issued by MCHD at time of application approval.
- Ingredients of the product
- Date the product was made/processed
- Allergen labeling as specified in federal labeling requirements
- The statement “This product was processed in a home kitchen not subject to public health inspection that may also process common food allergens.”

Owner's Statement:

The information in this application is an accurate representation of my cottage food operation. I have reviewed the Cottage Food Operation Guidelines and I agree to ensure that all regulations set forth in Section 4 of the Illinois Food Handling Regulation Enforcement Act will be met. I agree to grant access to my operation kitchen to a representative of the Mason County Health Department in order to conduct an inspection in the event of a consumer complaint or foodborne outbreak.

Printed Name of Owner: _____

Signature of Owner: _____

Date: _____

For more information please contact the Mason County Health Department Environmental Health Division at (309) 210-0110, Ext 240 or Ext 228.

For Office Use Only

___ Denied- Reason: _____

___ Approved

Approved by: _____ Date: _____

Registration Number: _____ Permit sent: ___Email ___Mail

Comments: _____
