



Public Health
Prevent. Promote. Protect.

**Peoria City/County
Health Department**
Health Protection Division
Environmental Health

Peoria City/County Health Department Application for Cottage Food Operations Registration

Name of Business: _____ Phone: _____

Owner Name(s): _____

Address where food is being prepared: _____

Mailing address (if different from above): _____

Email address: _____

Peoria County Market Locations: _____

Food Service Sanitation Manager Certification

Name: _____ IDPH ID Number: _____

Name: _____ IDPH ID Number: _____

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

Dry Herb **Dry Herb Blend** **Dry Tea Blend** intended for end-use only:

<input type="checkbox"/> Jam	<input type="checkbox"/> Jelly	<input type="checkbox"/> Preserves	<input type="checkbox"/> Fruit Pie:		
<input type="checkbox"/> Apple	<input type="checkbox"/> Apricot	<input type="checkbox"/> Grape	<input type="checkbox"/> Peach	<input type="checkbox"/> Plum	<input type="checkbox"/> Quince
<input type="checkbox"/> Orange	<input type="checkbox"/> Nectarine	<input type="checkbox"/> Tangerine	<input type="checkbox"/> Blackberry	<input type="checkbox"/> Raspberry	<input type="checkbox"/> Blueberry
<input type="checkbox"/> Boysenberry	<input type="checkbox"/> Cherry	<input type="checkbox"/> Cranberry	<input type="checkbox"/> Strawberry	<input type="checkbox"/> Red Currants	
<input type="checkbox"/> Combination of above: _____					

Fruit Butter:

<input type="checkbox"/> Apple	<input type="checkbox"/> Apricot	<input type="checkbox"/> Grape	<input type="checkbox"/> Peach	<input type="checkbox"/> Plum	<input type="checkbox"/> Quince	<input type="checkbox"/> Prune
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Breads **Cookies** **Cakes** **Pastries:**

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: _____

Product Labeling

Product label MUST include:

- The name and address of the cottage food operation
- The common or usual name of the food product
- All ingredients, including colors, artificial flavors, and 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

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 Owner: _____

Date: _____

For Environmental Health Office Use Only:

Remarks/Notes: _____

Accepted **Denied:** _____