



MCHENRY COUNTY DEPARTMENT OF HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 2200 NORTH SEMINARY AVENUE  
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## COTTAGE FOOD INDUSTRY REGISTRATION

Name of Cottage Food Operation: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address where food is being prepared: \_\_\_\_\_

Confirm this address is the owner's principle home residence:  Yes  No

Mailing address if different from above: \_\_\_\_\_

Email: \_\_\_\_\_

Food Protection Manager Certification	
NAME	ID NUMBER (issued by IDPH)

PRODUCTS (please circle or indicate the items you will prepare and offer)
<b>Dry herb, dry herb blend or dry tea blend intended for end use only:</b>
<b>Jam/Jelly/Preserves/Fruit Pie:</b> apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry boysenberry cherry cranberry strawberry red currants Combination of above:
<b>Fruit Butter:</b> apple apricot grape peach plum quince prune
<b>Breads/Cookies/Cakes/ Pastries:</b>

The following product(s) have been tested by a commercial laboratory and deemed "Not Potentially Hazardous" with pH below 4.6. Attach a copy of laboratory results.  Item: _____
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PRODUCT LABELING
<ul style="list-style-type: none"> <li>The name and address of the cottage food operation</li> <li>The common or usual name of the food product</li> <li>All ingredients including colors, artificial flavors, preservatives, listed in decreasing order or prominence by weight</li> <li>Statement "This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."</li> <li>The date the product was processed.</li> <li>Allergen labeling as specified in federal labeling requirements</li> </ul>

OWNER'S STATEMENT
I, _____, agree to grant access to the McHenry County Department of Health 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: _____