Knox County Health Department
1361 West Fremont Street
Galesburg, IL 61401
P: (309) 344-2224
F: (309) 344-5049
www.knoxcountyhealth.org

COTTAGE FOOD REGISTRATION

Name of Business: 
Phone Number: ______________________________ Email Address: ______________________________
Owner Name(s): ______________________________

Address where food is being prepared:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>IL</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Mailing Address, check if same as above ☐:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

ANSI Certified Food Protection Manager’s Certificate

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

FOOD AND DRINK PRODUCTS

*Please circle the items you will be making and selling*

Dry herb, dry herb blend, or dry tea blend intended for end use only, please list:

**Jam/Jelly/Preserves/Fruit Pie:**
- Apple
- Apricot
- Blueberry
- Boysenberry
- Raspberry
- Red Currants
- Tangerine
- Blackberry
- Cherry
- Cranberry
- Orange
- Nectarine
- Plum
- Quince
- Strawberry

**Fruit Butter:**
- Apple
- Apricot
- Blueberry
- Boysenberry
- Cherry
- Cranberry
- Orange
- Nectarine
- Plum
- Quince
- Prune or Combination

**Breads / Cookies / Cakes / Pastries, please list:**

Drinks Products:

Additional Products:

For Office Use Only

<table>
<thead>
<tr>
<th>Permit #:</th>
<th>Date Rec’d:</th>
</tr>
</thead>
</table>

Issued on: __________ Expires on: __________

Approved by: _______________________________
PRODUCT LABELING

- The name and address of 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
- 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 STATEMENT

I, ________________________________________, agree to grant access to the local health department to conduct an inspection of my cottage food operation’s primary domestic residence (where food is prepared) in the event of a consumer complaint or foodborne illness outbreak.

Signature(s) of Owner(s):

________________________________________  ______________________________________

Date:  ____________________________________

List of prohibited items under this permit:

A. Meat, poultry, fish, seafood, or shellfish
B. Dairy, except as an ingredient in a non-potentially hazardous baked product
C. Eggs, except as an ingredient in a non-potentially hazardous baked product
   (Ask about IL Dept. of Ag egg license)
D. Pumpkin pies, sweet potato pies, cheesecakes, custard pies, crème pies, and pastries with potentially hazardous filling or topping
E. Garlic in oil
F. Canned foods except the following which may be canned only in Mason-style jars with new lids: for fruit jams, fruit jellies, fruit preserves, fruit butters, syrups, whole or cut fruit canned in syrup, acidified fruit and vegetables, condiments such as prepared mustard, horseradish, or ketchup that do not contain ingredients prohibited on this list and which are properly acidified.
G. Sprouts
H. Cut leafy greens, unless dehydrated, acidified, or blanched and frozen (must be kept frozen)
I. Cut or pureed fresh tomato or melon
J. Dehydrated tomato or melon
K. Frozen cut melon
L. Wild-harvested, non-cultivated mushrooms
M. Alcoholic beverages, or
N. Kombucha

NOTE: If the Knox County Health Department receives a consumer complaint or has reason to believe that an imminent health hazard exists or a cottage food operation’s product has found to be misbranded, adulterated, or not in compliance, then it may invoke cessation of sales until the situation has been addressed by the State Health Department.