



Hancock County Health Department

Division of Environmental Health
671 Wabash Avenue
Carthage, Illinois 62321
(217) 357-2171
Email: administrator@hchd1.org

Public Health
Prevent. Promote. Protect.

2017 APPLICATION FOR COTTAGE FOOD SERVICES AND/OR FARMERS MARKET

COTTAGE FOOD SERVICES INFORMATION

Name of Business: _____ Phone #: _____

Owner's Name(s): _____

Address where food is being prepared: _____

Mailing address if different from above: _____

Email address: _____

Food Service Sanitation Manager Certification (The person preparing/packaging products must have a FSSMC Certificate)	
Name	ID # (Issued by Illinois Dept. of Public Health)

Please circle the items you will be making and selling

Dry Herb **Dry Herb Blend** **Dry Tea Blend** Intended for end use only:

Jam / Jelly / Preserves / Fruit Pie:

Apple Apricot Grape Plum Quince Orange Nectarine Tangerine Blackberry

Raspberry Blueberry Boysenberry Cherry Cranberry Strawberry Red Currants

Combination of the above:

Fruit Butter: Apple Grape Peach Plum Quince Prune

Breads / Cookie / Cakes / Pastries

**Any items that are not listed above:
(You MUST attach a copy of laboratory results)**

Any products not listed as allowed in the above produce section, must be tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6.

Cottage Food Product Labeling Requirements

- The name and address of the cottage food operation
- The common or usual name of the food product
- All ingredients including, food coloring, artificial flavors, and preservatives. Items should be listed in decreasing order of prominence by weight
- Label must contain this statement "This product was produced in a home kitchen not subject to public health inspections that may also process common food allergens."
- The date the product was made/processed
- Allergen labeling as specified in federal labeling requirements

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 food borne illness outbreak.

I certify that the above information is true and correct, and that I have read and agree to abide by the Hancock County Temporary Food Service Regulations.

I certify that I have attached copies of all product labels to this application.

Applicant's Signature: _____ Date: _____

FARMER'S MARKET INFORMATION

If you are only participating in the Farmers Market please complete the following:

Name of Business or Farmer's Name(s): _____

Phone #: _____ Email address: _____

Address where food is being grown: _____

Mailing address: _____

Which Farmer's Market(s) will you be selling at: _____

What types of produce will you be selling: _____

Please send this application to:

**Hancock County Health Department
Department of Environmental Health
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