

2022

ST. CLAIR COUNTY HEALTH DEPARTMENT

Environmental Health Division
19 Public Square, Suite 150
Belleville, IL 62220
(618) 233-7769 Fax: (618) 236-0676

COTTAGE INDUSTRY REGISTRATION APPLICATION

St. Clair County Food Ordinance 19-4 requires any person operating a food service establishment or retail food store to comply with the Illinois Department of Public Health Food Service Sanitation Licensing Act and Code.

Instructions: Please complete BOTH sides of this form and return it along with the appropriate fee amount to the St. Clair County Health Department prior to the start of the operating season.

Name _____

Address of preparation _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Phone _____

**CERTIFIED FOOD MANAGER NAME/ID# _____

Farmers Market where items will be sold _____

Family members selling cottage foods _____

Email Address _____ Website _____

F-1 Seasonal Establishment selling pre-packaged food,
non-potentially hazardous foods\$25.00 _____

* Potentially hazardous foods include milk or milk products,
eggs, meat, poultry, fish, etc., in a form capable of
supporting rapid growth of micro-organisms.

PERMITS ISSUED TO A FACILITY ARE NOT TRANSFERABLE or REFUNDABLE.
RETURNED CHECKS INCUR A \$25.00 FEE

We are accepting credit and debit cards for the payment of account balances. Credit/Debit card transactions will be subject to a convenience fee in addition to the permit fee.

CARDHOLDER INFORMATION

Name: _____ Contact Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month/Year: _____ Security Code: _____

Applicant's Signature: _____ Date: _____

Product Category and Food Handlers information on back of application.

CERTIFIED FOOD HANDLERS

NAME	ID NUMBER (issued by ANSI accredited provider)

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:

Jam/ Jelly/ Preserves/ Fruit Pie:

apple apricot grape peach plum quince orange nectarine tangerine blackberry
raspberry blueberry boysenberry cherry cranberry strawberry red currants
combination of the above: _____

Fruit Butter:

apple apricot grape peach plum quince prune

Breads/ Cookies/ Cakes/ Pies/ Pastries: _____

The following product(s) have been tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6 or water activity below .85

Item: _____

PRODUCT LABELING (MUST BE ON EACH FOOD ITEM)

- Allergen labeling as specified in federal labeling requirements
- 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 Statements

1. This food will only be sold at a Farmer's Market.
2. Gross sales do not exceed \$25,000 each calendar year.
3. I will place a placard at my stand with the following wording: **"This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."**
4. I understand that if my product receives a complaint, or if the St. Clair County Health Department believes an imminent health hazard exists, including suspicion that a food borne illness outbreak occurred, my operation will cease until it is deemed safe by the St. Clair County Health Department. I agree to have the St. Clair County Health Department inspect my premises if such complaint or food borne illness outbreak occurs.

Signature(s) owners: _____ Date: _____