

Chicago Department of Public Health  
 Food Protection Program  
 2133 W. Lexington  
 Chicago, IL 60612  
 (312) 746-8030

**APPLICATION FOR COTTAGE FOOD INDUSTRY REGISTRATION**

Name of Business:	Phone:
Owner(s) Name:	
Address where food is being prepared:	
Mailing address if different from above:	
E-Mail:	

<b>City of Chicago Food Service Manager Certification</b>	
NAME	Certificate ID Number

<b>PRODUCTS (Circle the items you will be making)</b>
<b>Herbs/Spices:</b> <b>Dry herb, dry herb blend, dry blend tea:</b> (intend for end-use only): _____ _____
<b>Jam/Jelly/Preserves/Fruit Pie:</b> Apple, apricot, grape, peach, plum, quince, orange, nectarine, tangerine, blackberry, raspberry, blueberry, boysenberry, cherry, strawberry, red currants, Combination of the above: _____
<b>Fruit Butter:</b> Apple, apricot, grape, peach, plum, quince, prune, other: _____
<b>Breads/Cookies/Cakes/Pastries:</b> _____ _____

### LABORATORY TESTING

Any product not listed above must be tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6. A copy of the laboratory results must be attached  
The following products have been tested: \_\_\_\_\_  
\_\_\_\_\_

### PRODUCT LABELING

Labels for all products are required to comply with the Illinois Food, Drug and Cosmetic Act and includes the following information for each product:

- Name and address of the cottage food operation
- Common or usual name of the food product
- List of all ingredients, including colors, artificial flavors, and preservatives, listing 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."

### 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 in the vent of consumer complaint or foodborne illness outbreak.

\_\_\_\_\_  
Signature(s) of Owner(s)

\_\_\_\_\_  
Date

### REQUIRED DOCUMENTS TO BE SUBMITTED

- Completed Application with Signature(s)
- Laboratory Report (for any product not listed in the PRODUCT section of this form)
- List of all food items to be prepared
- A copy of the product label for each food item
- A copy of your City of Chicago Food Service Manager Certificate

Failure to submit the required documentation will result in the delay of application approval.

### ADDITIONAL INFORMATION

Submit your required documents by e-mail to : Gregory Nelson [Gregory.Nelson@cityofchicago.org](mailto:Gregory.Nelson@cityofchicago.org)

By mail in paper form, flash drive, or CD-ROM to:

CDPH, Attn: Gregory Nelson, 2133 W. Lexington, Chicago, IL 60612.