



**Public Health**  
Prevent. Promote. Protect.

Knox County Health Department

**Knox County Health Department**  
1361 West Fremont Street  
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**For Office Use Only**

Permit #: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_  
Issued on: \_\_\_\_\_ Expires on: \_\_\_\_\_  
Approved by: \_\_\_\_\_

**COTTAGE FOOD APPLICATION**

Name of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Address where food is being prepared:

\_\_\_\_\_ IL \_\_\_\_\_  
Street City State Zip

Mailing Address, check if same as above :

\_\_\_\_\_ IL \_\_\_\_\_  
Street City State Zip

**FOOD SERVICE SANITATION MANAGER CERTIFICATION**

Name	ID Number (Issued by IDPH)	Expiration Date

**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 Grape Peach Plum Quince Orange Nectarine  
Tangerine Blackberry Raspberry Blueberry Boysenberry Cherry Cranberry  
Strawberry Red Currants Combination: \_\_\_\_\_

**Fruit Butter:** Apple Apricot Grape Peach Plum Quince Prune

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

**Additional Products:**

The following product(s) have been tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6. **Must Attach a copy of laboratory results.**

Item:

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**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 my also process common food allergens.”**
  - The date the product was processed
  - Allergen labeling as specified in federal labeling requirements
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**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 event of a consumer complaint or foodborne illness outbreak.

Signature(s) of Owner(s):

\_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE BRING A VALID COPY OF YOUR FOOD SERVICE SANITATION MANAGER’S CERTIFICATE SO THAT IT CAN BE VALIDATED. EXPIRED CERTIFICATES CANNOT BE ACCEPTED.**