



Hamilton County Health Department
100 S. Jackson St, Room 5
McLeansboro IL 62859
Phone: 618-643-2390

APPLICATION FOR COTTAGE FOOD OPERATION

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

Certified Food Protection Manager Information		
Name	ID#	Expiration Date

PLEASE SEE THE DOCUMENT <u>"COTTAGE FOOD GUIDELINES"</u> FOR A LIST OF ALLOWABLE AND PROHIBITED FOOD ITEMS.
NAME OF PRODUCTS TO BE SOLD
1.
2.
3.

**List any additional food items on back of form*

PLEASE SEE THE DOCUMENT <u>"COTTAGE FOOD GUIDELINES"</u> FOR LABELING REQUIREMENTS.
<i>Attach sample of product label here</i>

OWNER'S STATEMENT

I, _____, agree to grant access to the Hamilton County 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.

Printed Name	Signature	Date

Submit application by e-mail to : Mark Elliott melliott@wchdil.com
Applications can be dropped off at the Hamilton County Health Dept
100 S. Jackson St., Room 5, McLeansboro
Monday – Thursday 7am – 5:00pm, Closed 12pm – 1pm for lunch