



Wayne County Health
Department
405 N. Basin Road
Fairfield IL 62837
Phone: 618-842-5166

APPLICATION FOR COTTAGE FOOD OPERATION

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| 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 |
| | | |
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| 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*

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

OWNER'S STATEMENT

I, _____, agree to grant access to the Wayne 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 Wayne County Health Dept, 405 N. Basin Rd, Fairfield
Monday – Thursday 8am – 5:30pm