

Cumberland County Health Department
200 South Indiana
PO Box 130
Toledo, Illinois 62468
217-849-3211

For Office Use Only:
Business ID #: _____
Date Received: _____
Registration Number: _____
Date Permit Issued: _____

Registration for Home Based Kitchen Operation

Applicant Information

Name of Applicant: _____ Date: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Phone Number: _____ Email: _____
Emergency Contact: _____ Emergency Contact's Phone Number: _____

Products

Specify the Items you will be Making and Selling

Source(s) of Ingredients

Product Labeling

1. Name and Address of the Home Based Kitchen Operation,
2. Common or Usual name of the Food Product,
3. All ingredients, including colors, artificial flavors, and preservatives, listed in decreasing order of prominence by weight,
4. Label on Product stating: **“This product was produced in a Home Kitchen not subject to Public Health inspection that may also process common food allergens.”**,
5. Date product was processed, and
6. Allergen(s) as specified in Federal labeling requirements.

Applicant’s Statements

1. This Registration allows only baked, non-potentially hazardous foods.
2. This Food will be DIRECT sale only.
3. Gross sales do not exceed \$1,000.00 (one thousand dollars) per month.
4. I understand that if my product receives a complaint, or if the Cumberland County Health Department believes an imminent health hazard exists, including suspicion that a foodborne illness outbreak has occurred, my Operation will cease until it is deemed safe by the Cumberland County Health Department. I agree to allow the Cumberland County Health Department to inspect my Home Based Kitchen Operation if such a complaint or foodborne illness outbreak occurs.

Printed Name of Applicant

Signature of Applicant

Date

Upon receiving this application for Registration, designated Staff will review the menu with the Applicant. Items that are considered potentially hazardous shall be removed from the menu. Home Based Kitchen Operations are for DIRECT sales only. Items shall be prepared on a per-order basis only. Any changes to this application without notification to the Cumberland County Health Department shall cause this Registration to be Void. These changes include, but are not limited to, additions to the menu or relocating the Home Based Kitchen Operation.

Consultation Date: _____

Consultant: _____