

Coles County Health Department

Environmental Health Division

825 Eighteenth Street

Charleston, IL 61920

(217) 348-0530, (217) 348-5322 (fax)

REGISTRATION FOR ***HOME BASED FOOD OPERATIONS***

(please complete both sides)

Name: _____

Address: _____

Phone Number: _____

PRODUCTS (please specify the items you will be making and selling)

Source (please identify your source for your ingredients)

Office Use Only:

Date Received: _____

Consultation _____

Approval: _____

PRODUCT LABELING

- The name and address of the home based 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
- 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.”**
- The date the product was processed
- Allergen as specified in federal labeling requirements

Owners Statements

1. This registration allows only baked, non-potentially hazardous food.
2. This food will be direct sale only.
3. Gross sales do not exceed \$1,000 per month.
4. I understand that if my product receives a complaint, or if the Coles County Health Department believes an imminent health hazard exists, including suspicion that a food borne illness outbreak has occurred, my operation will cease until it is deemed safe by the Coles County Health Department. I agree to have the Coles County Health Department inspect my premises at a reasonable fee if such complaint or food borne illness outbreak occurs.

Signature of Owner: _____

Date: _____

Upon receiving this application for registration, designated staff will review the menu with the home baker. Items that are considered potentially hazardous shall be removed from the menu. Home based 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 Coles 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 operation.

Office Use Only:

Date Received: _____

Consultation _____

Approval: _____