

Kane County Health Department



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www.kanehealth.com/Documents/Food/HomeKitchenRegistrationForm17.pdf

HOME KITCHEN REGISTRATION FORM

Name of Business: _____ Phone: _____

Owner Name(s): _____

Address where food is being prepared: _____

Mailing Address (if different from above): _____

Email address: _____

Facebook Page: _____

Website: _____

In order to qualify as a home kitchen operation, the following conditions must be met:

- Monthly gross sales may not exceed \$1,000;
- Only **non-potentially hazardous** baked goods may be sold;
- A notice is provided to the purchaser that the product was produced in a home kitchen;
- The food package is affixed with a label or other written notice is provided to the purchaser that includes:
 - The common name of the food product; and
 - Allergen labeling as specified in the federal labeling requirements by the United States Food and Drug Administration.
- The food is sold directly to the consumer;
- The food is stored in the residence where it is produced or packaged;
- The home kitchen operation must register with the Kane County Health Department and agree in writing at the time of registration to grant access to the Kane County Health Department to conduct an inspection of the home kitchen operation in the event of a consumer complaint or foodborne illness outbreak.

PRODUCT LABELING

- The common or usual name of the food product
- Statement, **“This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens.”**
- Allergen labeling as specified in federal labeling requirements.

**Products (please list the items you will be making and selling)
Only Non-Potentially Hazardous Baked Goods are Allowed**

Owner’s Statements

I, _____, agree to grant thorough access to the Kane County Health Department to conduct an inspection of my home kitchen operation’s primary domestic residence and comply fully in the event of a consumer complaint or foodborne illness outbreak.

Signature(s) of
Owners: _____

Date: _____