

## MANUFACTURED FOOD APPLICATION

Date Received by IDPH
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Illinois Department of Public Health  
 Division of Food, Drugs and Dairies  
 525 W Jefferson St.  
 Springfield IL 62761  
 Phone 217-785-2439 Fax 217-782-0943  
 TTY (hearing impaired) 800-547-0466  
 Email  
[dph.mfgfood@illinois.gov](mailto:dph.mfgfood@illinois.gov)

Permit or Registration Number
Fee Paid \$ _____

*Purpose of Application (check one)*

- New  
 Change of Ownership  
 Change of Location Effective: \_\_\_\_\_ List Previous Address Here: \_\_\_\_\_

*I am applying for the following registration/permit (check all that apply). If applicable, I understand fees are due with application submittal.*

Check Here	Facility Type	You Must Complete Section(s)	Fee
	General Food Processor	1 & 2	NA
	Juice	1 & 2	NA
	Low Acid Canned Food (LACF)	1 & 2	NA
	Acidified Food	1 & 2	NA
	Seafood*	1 & 2	NA
	Shellfish*	1, 2, & 3	NA
	Warehouse – Repacker	1 & 2	NA
	Warehouse – Seafood	1 & 2	NA
	Warehouse – All other (excluding repacking and seafood)	1 & 2	NA
	Salvage – Wholesale Not For Profit	1 & 2	NA
	Salvage – Wholesale For Profit	1 & 2	\$100
	Salvage – Retail Not For Profit	1 & 2	NA
	Salvage – Retail For Profit	1 & 2	\$100
	Bottled Water Plant	1 & 4	\$150
	Bottled Water Source	1	\$150
	Farmers Market Sampler	5	See Section 5

*If also processing Dairy products, a separate Dairy Application is needed*

*\*For application and regulatory purposes, Seafood includes fish, fish products and crustaceans (e.g. shrimp, crab, and lobsters). Shellfish as defined are "...all species of oysters, clams or mussels, whether: shucked or in the shell; fresh or frozen; and whole or in part; and scallops in any form, except when the final product form is the adductor muscle only." National Shellfish Sanitation Program (NSSP), Model Ordinance, Definitions, 1999 Revision.*

**IMPORTANT:** The permit fee (if applicable) is due at time of application submission. Checks or money orders should be made out to the Illinois Department of Public Health. . The application and review process from when we receive the application to when you should have the inspector contact you to set up the inspection (if applicable) is APPROXIMATELY 4 to 6 weeks. This is dependent upon the number of applications received for review, the completeness of your application, and the schedule of the inspector responsible for your area. Mail this completed application and fee to:

**Illinois Department of Public Health  
 Division of Food, Drugs and Dairies  
 525 W. Jefferson Street (Floor 2)  
 Springfield, IL. 62761**

## SECTION 1

*\* Denotes Mandatory Information*

<b>Legal Name of Business*</b>		
<b>Doing Business As (if applicable)</b>		
<b>Physical Facility Address*</b>		<b>County*</b>
<b>City*</b>	<b>State*</b>	<b>Zip code (+ 4 if known)*</b>
<b>Business Phone No. (include area code)*</b>	<b>Business Fax (include area code)</b>	<b>Emergency/Cell Phone No.</b>
<b>Facility Email Address (please print clearly)*</b>		<b>Web Address</b>

### Owner and/or Operator of Business

<b>Owner or Operator First and Last Name*</b>		
<b>Owner or Operator Address*</b>		
<b>City*</b>	<b>State*</b>	<b>Zip code (+ 4 if known)*</b>
<b>Owner Phone No. (include area code)*</b>	<b>Owner Email Address*</b>	

### Ownership Type (Check applicable box and complete information)

<input type="checkbox"/>	<b>Sole Proprietor/Individual</b> List Name:
<input type="checkbox"/>	<b>Partnership/Multiple Owners</b> List Name of Each Owner:
<input type="checkbox"/>	<b>Government</b>
<input type="checkbox"/>	<b>Non-Profit</b>
<input type="checkbox"/>	<b>Cooperative</b> List exact full cooperate name:
<input type="checkbox"/>	<b>Limited Liability Company (LLC)*</b> List complete name of LLC and FEIN:
<input type="checkbox"/>	<b>Corporation</b> List Complete name of Corp and FEIN:
*If either a LLC or Corporation, list the registered agent on file with the Secretary of State here:	

**Section 1 cont.**

**Mailing Address**

Check here \_\_\_\_\_ if the mailing address is the same as the physical address (do not have to re-type below).

Check here \_\_\_\_\_ if the mailing address is the same as the owner’s address (do not have to re-type below).

<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip code (+ 4 if known)</b>

**Certification Statement**

This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the company or corporation.

*I affirm that I am the owner, partner or officer of the firm name as shown on page one, that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact. If a permit is issued, I agree to the inspection of this dairy operation by an authorized/identified person of the Department at any reasonable hour, and understand that refusal for any part of an inspection or harassment to the authorized/identified person will result in suspension or revocation of this permit. I agree to conduct operations and maintain premises in accordance with the State of Illinois Grade A and/or Manufactured Raw Milk laws, rules, and regulations.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2 General Facility Information**

Complete the following information (when applicable):

Number of Onsite Employees:	_____
Number of Corporate Employees:	_____
Circle Annual Food (or Water) Sales:	25,000-49,999 50,000-99,999 100,000-499,999 500,000-999,999 1,000,000-4,999,999 5,000,000-9,999,999 10,000,000-24,999,999 25,000,000-49,999,999 50,000,000 and over
<b>Corporate</b> Gross Annual Food Sales:	\$ _____
Percent of Annual Sales to End Consumer	_____ %
If Salvage Warehouse, enter square footage dedicated to storage & display of food, drugs, cosmetics or medical devices	_____ square footage

**Section 2 cont.**

**Product Information**

List the top 5 products manufactured or warehoused:

1.	
2.	
3.	
4.	
5.	

**ADDITIONAL REQUIREMENTS**

On a separate piece of paper, you must list all products that you make or repack. In addition, also include a representative sample of product LABELS. If the labels are not available at time of application, please note this on your list of products and include a projected of when they may be available. Failure to a list of all products and labels may delay inspection and/or issuance of permit.

**SECTION 3 Shellfish**

Type of Certification Requested (please check one box)

<input type="checkbox"/>	<b>Depuration Processor (DP)</b> A person who receives shellstock from approved, conditionally approved, restricted, or conditionally restricted growing areas and submits such shellstock to an approved depuration process.
<input type="checkbox"/>	<b>Repacker (RP)</b> A person other than the original certified shucker-packer, who repackages shucked shellfish into other containers. A repacker also may repack and ship shellstock. A repacker shall not shuck shellfish.
<input type="checkbox"/>	<b>Reshipper (RS)</b> A person who purchases shellstock or shucked shellfish from dealers and sells the product without repacking or relabeling to other dealers, wholesalers or retailers.
<input type="checkbox"/>	<b>Shellstock Shipper (SS)</b> A person who grows, harvests, buys, or repacks and sells shellstock. They are not authorized to shuck shellfish or to repack shucked shellfish. A shellstock shipper may also ship shucked shellfish.
<input type="checkbox"/>	<b>Shucker-Packer (SP)</b> A person who shucks and packs shellfish. A shucker-packer may act as a shellstock shipper or reshipper or may repack shellfish originating from other certified dealers.

**GENERAL SHELLFISH REQUIREMENTS FOR DEALERS**

- (1) No person shall act as a dealer prior to obtaining certification.
- (2) Any person who wants to be a dealer shall:
  - (a) Make application to the Illinois Department of Public Health, Division of Food, Drugs and Dairies for certification.
  - (b) Each firm shall have and implement a HACCP plan, and have a program of sanitation monitoring and record keeping in compliance with 21 CFR 123 as it appears in the Federal Register of December 18, 1995, except for the requirement for harvester identification on a dealer's tag.
- (3) Each dealer shall have a business address at which inspections of facilities, activities, or equipment can be conducted.

\*Shellfish as defined are "...all species of oysters, clams or mussels, whether: shucked or in the shell; fresh or frozen; and whole or in part; and scallops in any form, except when the final product form is the adductor muscle only." National Shellfish Sanitation Program (NSSP), Model Ordinance, Definitions, 1999 Revision.

## SECTION 4 Bottled Water Plant

List each Bottled Water Product, the source of the water for that product and the address of each source. Please attach an additional information sheet if necessary. Source examples: dug well, artesian well, spring, municipal water supply, etc.

Product	Source	Address of Source

### **ADDITIONAL REQUIREMENTS for Bottled Water Plants**

For plants **located outside of Illinois**, you **must attach** with this application a copy of the **most recent state inspection**. Failure to do this may delay issuance of registration.

## SECTION 5 Farmers Market Sampler

Full Legal Name		Last 4 digits of SSN
Address		
City	State	Zip
Email Address (please print clearly)		

**Choose one and submit all listed required documentation:**

If you do NOT possess a valid national Certified Food Protection Manager certificate	
	Submit this completed application.
	Copy of a valid ANSI accredited or other approved food handler training certificate.
	Proof of completion of Department Farmers Market Food Sampling Handler Training.
	\$40.00 certificate fee (non- refundable) via check or money order

If you do possess a valid national Certified Food Protection Manger certificate	
	Submit this completed application.
	Copy of valid national food manager certificate
	\$10.00 certificate fee (non-refundable) via check or money order

\_\_\_ I acknowledge that I have downloaded and reviewed the Pre-Opening and Self-Inspection Checklist and Farmers Market Food Product Sampling Handler Guide.

### **Child Support Declaration**

Under Illinois law, you must select one of the choices below regarding child support and sign the declaration. The Illinois Department of Public Health will be unable to process your application until a completed statement is provided. This information is required of ALL applicants, regardless of whether the applicant has ever been ordered to pay child support. If issues of court-ordered child support do not apply to you, answer "NO."

Making a false statement shall subject the applicant to contempt of court {5 ILCS 100/10-65(c)}.

**Are you more than 30 days delinquent in complying with a child support order? (circle one)    YES        NO**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_