



MANUFACTURED FOOD APPLICATION

Date Received by IDPH

Illinois Department of Public Health
Division of Environmental Health
Food, Dairies and Devices Section
525 W Jefferson St.
Springfield IL 62761
Phone 217-785-2439
TTY (hearing impaired) 800-547-0466
Email 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. NA in the table below means fees are not applicable. **All Fees are nonrefundable.**

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. The application can be found at <https://www.dph.illinois.gov/topics-services/food-safety/dairy-program> and questions can be emailed to dph.dairy@illinois.gov.

*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, 2013 Revision.

IMPORTANT: The permit fee (if applicable) is due at time of application submission. **All fees are nonrefundable.** Checks or money orders should be made out to the Illinois Department of Public Health. Applications that do not require fees can be emailed to dph.mfgfood@illinois.gov. 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 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 (if applicable) to:

**Illinois Department of Public Health
Division of Environmental Health
Food, Dairies and Devices Section
525 W. Jefferson Street (Floor 3)
Springfield, IL. 62761**

SECTION 1

** Denotes Mandatory Information*

Legal Name of Business*		
Doing Business As (if applicable)		
Physical Facility Address* (where product is made or stored if warehouse)		County*
City*	State*	Zip code (+ 4 if known)*
Business Phone No. (include area code)*	Business Fax (include area code)	Emergency/Cell Phone No.
Facility Email Address (please print clearly)*		Permits issued via email should be sent to this email:
Is this Facility a shared kitchen? If yes, name of business:		Contact person and email for shared kitchen that can verify use:

Owner and/or Operator of Business

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

Ownership Type (Check applicable box and complete information)

<input type="checkbox"/>	Sole Proprietor/Individual List Name:
<input type="checkbox"/>	Partnership/Multiple Owners List Name of Each Owner:
<input type="checkbox"/>	Government
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Cooperative List exact full cooperate name:
<input type="checkbox"/>	Limited Liability Company (LLC)* List complete name of LLC and FEIN:
<input type="checkbox"/>	Corporation 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).

Mailing Address		
City	State	Zip code (+ 4 if known)

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 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 Food Safety 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:	0-24,999 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
Corporate 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
Are you storing your products in multiple warehouses?	If so, submit an application for EACH warehouse.
Include a drawing or plan of the processing area	Submit with this application

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.

*If applying for manufactured food/general processor, every question below **must** be answered (write N/A for that question if not applicable):

1. Are you currently in operation at the facility address listed on this application? _____ If yes, when did you start? _____ If no, when do you plan to start processing? _____
2. Do any other processors operate out of this same location? _____
3. Are you selling your product direct to the consumer (retail)? _____
4. Are you selling your product wholesale? _____
5. Do you make this product at home? _____
6. Will you be making the product at a shared kitchen? _____
7. Are you inspected by another government agency? _____ If so, what agency? _____
8. Where do you intend to sell your product? _____
9. Will you be producing or storing the product at multiple locations? _____
10. Will someone else be producing your product (copacker)? _____ If yes, who is that? _____
11. Will someone else be packaging your product? _____ If yes, who is that? _____
12. Are you using a food grade packaging for your product? _____
13. Do you or someone on your staff have any training in food safety? _____ If yes, specify training: _____
14. Do you intend to sell your product out of state? _____
15. Are you registered with the FDA? _____
16. Will you be using a website to sell your product? _____
17. If you have raw produce, are you further processing (washing to make RTE, cutting, packaging) it? _____
18. What is the source of your water? _____ Are you on a well? _____ If on a well, how often do you test the water? _____
19. Are you on public sewer or on a septic system? _____
20. What type of sanitizer are you using? _____
21. Have you ever had your product evaluated by a process authority? _____ If yes, which products? _____
22. Do you have an allergen control plan currently in place? _____
23. Do you have a food safety plan currently in place? _____
24. Do you have a food recall plan currently in place? _____
25. Do you intend to use lot codes? _____
26. Do you keep records of all products for traceback and recall purposes? _____
27. Do you have food labels that include ingredients and nutrition information? _____

Section 2 cont.

- 28. Does your product label tell the consumer who to contact if there is an issue? _____
- 29. Does your product label state the product is "organic"? _____ If yes, has it been certified as organic? _____
- 30. Do you import any raw ingredients from another country? _____
- 31. Do you have a cooler and/or freezer with thermometers? _____ Do you keep a daily temp log? _____
- 32. Are all surfaces in the processing area smooth and easily cleanable? _____
- 33. Are you making any dairy products? _____ If yes, what dairy products? _____
- 34. Do you intend to use a pest control contractor or do it in house? _____
- 35. Do you process or store any seafood (other than as an ingredient)? _____ If yes, do you have a HACCP plan? _____
- 36. Do you process juice? _____ If yes, do you have a HACCP plan? _____ What method are you using to treat your juice? _____
- 37. Are you producing any acidified foods? _____ If yes, how do you validate pH? _____
- 38. Are you producing any low acid canned foods? _____ If yes, what? _____
- 39. How long do you intend your product to be on store shelves (shelf life)? _____
- 40. How did you determine the shelf life of your product? _____

SECTION 3 Shellfish

Type of Certification Requested (please check one box)

	Depuration Processor (DP) A person who receives shellstock from approved, conditionally approved, restricted, or conditionally restricted growing areas and submits such shellstock to an approved depuration process.
	Repacker (RP) 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.
	Reshipper (RS) A person who purchases shellstock or shucked shellfish from dealers and sells the product without repacking or relabeling to other dealers, wholesalers or retailers.
	Shellstock Shipper (SS) 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.
	Shucker-Packer (SP) 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 Environmental Health, Food, Dairies & Devices Section 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 April 1, 2018, 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, 2013 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		Phone Number
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: _____

***The Farmers Market Sampler Certificate will be emailed to the email address on this form. Please allow 2 weeks from receipt for processing.**