

Manufactured Food Application

Date Received by IDPH

I. Purpose of Application

Check one application purpose.

<input type="checkbox"/>	New
<input type="checkbox"/>	Change of Ownership
<input type="checkbox"/>	Change of Location

II. Registration Type

Check ALL applicable boxes for specialized processor/warehouse types.

A) At this time, there is no fee to register for the following types of applications:

<input type="checkbox"/>	Food Processor – General
<input type="checkbox"/>	Juice – the aqueous liquid expressed or extracted from one or more fruits or vegetables, purees of the edible portions of one or more fruits or vegetables, or any concentrates of such liquid or puree.
<input type="checkbox"/>	Low Acid Canned Food (LACF) – any food (other than alcoholic beverages) with a finished equilibrium pH greater than 4.6 and a water activity (A_w) greater than 0.85, excluding tomatoes and tomato products having a finished equilibrium pH less than 4.7. Ex: canned vegetables, canned soups, select canned fruits, some shelf-stable canned foods, etc.
<input type="checkbox"/>	Acidified Food (AF) – low-acid food to which acid(s) or acid food(s) are added and which has a finished equilibrium pH of 4.6 or below and an A_w greater than 0.85. Ex: pickled foods, sauces, dressings, etc.
<input type="checkbox"/>	Seafood – includes all fish EXCEPT catfish, fish products, crustaceans (e.g. shrimp, crab, and lobsters)
<input type="checkbox"/>	Shellfish – 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.
<input type="checkbox"/>	Warehouse – General (excluding repacking and seafood)
<input type="checkbox"/>	Seafood – includes all fish EXCEPT catfish, fish products, crustaceans (e.g. shrimp, crab, and lobsters)
<input type="checkbox"/>	Repacker – a firm that takes bulk goods and packages and/or relabels them into containers with smaller quantities.

B) Multiple Warehouses: If the firm is storing products in multiple warehouses:

***** PLEASE SUBMIT AN APPLICATION FOR EACH WAREHOUSE! *****

C) Copackers: Copackers manufacture and package foods for other companies to sell.

If the firm is using Copackers, then the firm should NOT submit this application.

***** The COPACKERS will need to apply instead. *****

D) Application Types that should NOT use this application:

1. Dairy: If the facility processes Dairy Products: **DO NOT USE THIS APPLICATION!**

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

2. Bottled Water: If the facility is a Bottled Water Plant or Source: **DO NOT USE THIS APPLICATION!**

Use the application found at <https://dph.illinois.gov/topics-services/food-safety/bottled-water-program.html>

3. Salvage: If the facility is a salvage distributor or processing plant: **DO NOT USE THIS APPLICATION!**

Use the application at <https://dph.illinois.gov/topics-services/food-safety/manufactured-food.html>

- **"Salvage Distributor"** shall mean a person who engages in the business of selling, distribution or otherwise trafficking in any distressed or salvaged merchandise.
- **"Salvage Processing Plant"** shall mean an establishment engaged in the business of reconditioning or by other means salvaging distressed merchandise and which sells or distributes or holds for sale salvaged merchandise for human consumption or use.
- **"Salvageable Merchandise"** shall mean any damaged or distressed item or product from a manufacturer closeout, or distressed merchandise which can be reconditioned pursuant to this Part or is not adulterated, contaminated or misbranded.

III. Firm Information (*Mandatory Information)

A) Firm Name

Legal Name of Firm*	
“Doing Business As” Name DBA Name or “trade name”	

B) Physical Facility Address in Illinois (where product is made or stored if warehouse)

<input type="checkbox"/>	I am submitting a change of location . This change will take effect on this date:	Click or tap to enter a date.
Street/Line 1*		
Line 2		
City*	ZIP code (+4 if known)*	
County*		

C) Firm Contact Information

Firm Phone* (include area code)	
Emergency / Cell Phone (include area code)	
Firm Email Address* (please print clearly)	

D) Is this Facility a Shared Kitchen?

<input type="checkbox"/>	YES, a Shared Kitchen.	If YES, name of business:	
<input type="checkbox"/>	NO, NOT a Shared Kitchen	Contact person and email for shared kitchen that can verify use:	

IV. Owner and/or Operator of Business Information (*Mandatory Information)

A) Owner/Operator Name and Contact Information

Name (First Last)*			
Owner/Operator Address (USA)*	Street/Line 1*		
	Line 2		
	City*		
	State*	ZIP code (+4 if known)*	
Owner/Operator Address (International, if applicable)*			
Phone* (include area code)			
Email Address*			

B) Ownership Type (Check applicable box AND complete information)

Business Services are defined at https://www.ilsos.gov/departments/business_services/home.html

<input type="checkbox"/>	Sole Proprietor/Individual	List Name:
<input type="checkbox"/>	Partnership/Multiple Owners	List Name of Each Owner:
<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:
<input type="checkbox"/>	Other (Government, Non-Profit, Cooperative)	

*If either a LLC or Corporation, list the registered agent on file with the Secretary of State here:

V. Mailing Address

Check applicable box AND complete information.

<input type="checkbox"/>	Mailing Address is the same as the physical facility address		
<input type="checkbox"/>	Mailing Address is the same as the owner and/or operator address		
<input type="checkbox"/>	Mailing Address is different than the physical facility address AND the owner and/or operator address:		
	Street/Line 1		
	Line 2		
	City		
	State	ZIP code (+4 if known)	

VI. Product Information

***** FAILURE TO SUBMIT a separate list of all products and labels/ingredient sheets MAY DELAY INSPECTION *****

A) List the 5 most representative products/product types that the facility manufactures/warehouses or intends to manufacture/warehouse:

1)
2)
3)
4)
5)

B) Listing of Products:

***** LIST ALL PRODUCTS that the facility makes OR repacks. *****

- in [Appendix A: Product List](#) — OR —
- on a SEPARATE ATTACHMENT.

C) Are Product Labels available?

Applicants can view the [IDPH Manufactured Food Guide](#) for additional information about labeling requirements and examples.

<input type="checkbox"/>	YES , there are available product labels.	If YES , include a representative sample of product LABELS in a separate attachment.
<input type="checkbox"/>	NO , product labels are NOT available, but an ingredient sheet is available.	The facility will need to include an ingredient sheet or other documentation that is normally provided to a retail firm.
<input type="checkbox"/>	NO , product labels are NOT currently available.	*** INSPECTION WILL NOT TAKE PLACE without labels and/or ingredient sheets. *** Please note this on the submitted list of products and include a projected date of when labels may be available.
<input type="checkbox"/>	NO, Facility is a warehouse and does not require product labels.	

VII. Facility Information

A) Operating Hours (Check applicable boxes AND/OR complete information)

1. Which days of the week does the facility operate?

Day	Operating Hours	Day	Operating Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

2. Are there any holidays or planned closures for the facility?

<input type="checkbox"/>	YES , Business is closed for:
<input type="checkbox"/>	NO , Business is open during all holidays and has no planned closures.

VII. Facility Information (continued)

3. Does the facility operate seasonally?

<input type="checkbox"/>	YES, the facility is open seasonally.	If YES, Which months is the facility OPEN seasonally?							
		<input type="checkbox"/>	Jan	<input type="checkbox"/>	Apr	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Oct
		<input type="checkbox"/>	Feb	<input type="checkbox"/>	May	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Nov
		<input type="checkbox"/>	Mar	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Dec
<input type="checkbox"/>	NO, the facility is open all year.								

B) Include a Drawing/Plan of the processing, storage, and/or packaging area(s).

*** **SUBMIT AS A SEPARATE ATTACHMENT.** ***

- It can be hand drawn or computer generated.
- Please be sure to include a layout of the food processing, storage, and/or packaging area(s).
- Areas/rooms (e.g. storage, kitchen, warehousing, etc.) and equipment (e.g. three compartment sink, slicer, filler, etc.) should be labeled.

VIII. Supplemental Questions

A) General Operation Questions for ALL Applications

If applying for manufactured food/general processor, every question below *must* be answered.

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Is the facility currently in operation at the facility address listed on this application?
			If YES, when did the facility start processing?
			If NO, when does the facility plan to start processing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Is the firm selling the product direct to the consumer (retail)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is this product made in a home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the facility inspected by other government agencies?
			If YES, which agencies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Is the firm making product in a central kitchen for distribution to other satellite locations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) Is the firm using food grade packaging for the product?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7) Does someone on staff have any training in food safety?
			If YES, specify who has received training and the type of training received and include applicable certificate(s) as available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8) Does the firm intend to sell the product out of state?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Is the firm registered with the FDA?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Will the firm be using a website to sell the product?
			If YES, what is the URL of that website:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) If the firm has raw produce, is the firm further processing (washing to make Ready-To-Eat (RTE), cutting, packaging) it?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Does the firm have an allergen control plan currently in place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Does the firm have a food safety plan currently in place?

VIII. Supplemental Questions (continued)

A) General Operation Questions for ALL Applications (continued)

Yes	No	N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Does the firm have a food recall plan currently in place?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Does the firm intend to use lot codes?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Does the firm keep records of all products for traceback and recall purposes?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Does the firm import any food products or raw ingredients from another country?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Does the facility have temperature-controlled storage with thermometers?				
			If YES , is a daily temperature log being kept?	<input type="checkbox"/>	YES , a daily temperature log is kept	<input type="checkbox"/>	NO , a daily temperature log is NOT kept
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Does the firm engage in any type of environmental monitoring?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Does the firm intend to use a pest control contractor or do it internally using staff?				
			If YES , please clarify:	<input type="checkbox"/>	Contractor for Pest Control	<input type="checkbox"/>	Staff for Pest Control

B) Short Answer Questions for ALL Applications

If applying for manufactured food/general processor, every question below *must* be answered.

1) Where does the firm intend to sell its product? (e.g. groceries, restaurants, schools, daycares, care facilities, etc.)			
2) What is source of water for the facility?	<input type="checkbox"/>	Private	If PRIVATE , what is the monitoring program for this water source?
	<input type="checkbox"/>	Public - Community	
	<input type="checkbox"/>	Public - Non-Community	
3) How is wastewater disposed of from the facility?	<input type="checkbox"/>	Private Sewage	
	<input type="checkbox"/>	Public - Community	
4) What type of sanitizer(s) are used within the facility?			
5) What is the intended shelf life of the product?			
6) How was shelf life of the product determined?			

C) Juice ONLY

*Only complete if the firm is a **Juice Processor**.

1) Does the firm have a written hazard analysis/ HACCP plan to process juice?	<input type="checkbox"/>	YES , there is a hazard analysis/ HACCP plan to process juice.	a) If YES , Which method is used to treat the juice product?
			b) If YES , Please SUBMIT a copy of your Juice HACCP plan as a separate attachment.
	<input type="checkbox"/>	NO , there is NOT a HACCP plan to process juice. *** INSPECTION WILL NOT TAKE PLACE without a Juice HACCP plan. ***	
2) Does anyone at the facility have Juice HACCP Training?	<input type="checkbox"/>	YES , there is someone on staff or the facility contracts with that has Juice HACCP training.	
	<input type="checkbox"/>	NO , there is NOT someone with Juice HACCP training.	

VIII. Supplemental Questions (continued)

D) Acidified Food ONLY

*Only complete if the firm is an **Acidified Food Processor**.

1) How is pH validated?			
2) Have the products been evaluated by a process authority?	<input type="checkbox"/>	YES, products have been evaluated.	If YES, which products?
	<input type="checkbox"/>	NO, products have NOT been evaluated. *** INSPECTION WILL NOT TAKE PLACE without an evaluation by a process authority or use of an approved recipe. ***	
3) Has the process used been registered with the FDA?	<input type="checkbox"/>	YES, the process has been registered with the FDA.	
	<input type="checkbox"/>	NO, the process has NOT been registered with the FDA.	

E) Low Acid Canned Food ONLY

*Only complete if the firm is an **Low Acid Canned Food (LACF) Processor**.

1) How is pH validated?			
2) Have the products been evaluated by a process authority?	<input type="checkbox"/>	YES, products have been evaluated.	If YES, which products?
	<input type="checkbox"/>	NO, products have NOT been evaluated. *** INSPECTION WILL NOT TAKE PLACE without an evaluation by a process authority or use of an approved recipe. ***	
3) Has the process used been registered with the FDA?	<input type="checkbox"/>	YES, the process has been registered with the FDA.	
	<input type="checkbox"/>	NO, the process has NOT been registered with the FDA.	
4) Please list which low acid canned foods the facility is producing.			

F) Seafood ONLY

*Only complete if the firm is a **Seafood Processor**.

1) Does the firm have a HACCP plan to process seafood?	<input type="checkbox"/>	YES, there is a HACCP plan to process seafood.	If YES, Please SUBMIT a copy of your Seafood HACCP plan as a separate attachment.
	<input type="checkbox"/>	NO, there is NOT a HACCP plan to process seafood. *** INSPECTION WILL NOT TAKE PLACE without a Seafood HACCP plan. ***	
2) Does anyone at the facility have Seafood HACCP Training?	<input type="checkbox"/>	YES, there is someone on staff or the facility contracts with that has Seafood HACCP training.	
	<input type="checkbox"/>	NO, there is NOT someone with Seafood HACCP training.	

G) Shellfish ONLY

*Only complete if the firm is a **Shellfish Processor**.

1. Type of Certification Requested (please check one box)

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.

VIII. Supplemental Questions (continued)

2. General Shellfish Requirements for Dealers (please complete all)

*** I AFFIRM AND AGREE TO THE FOLLOWING: ***

<input type="checkbox"/>	1) No person shall act as a dealer prior to obtaining certification.
<input type="checkbox"/>	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.
<input type="checkbox"/>	3) Each dealer shall have a business address at which inspections of facilities, activities, or equipment can be conducted.

IX. Certification Statement

This application must be signed:

- a) by the owner, if an individual;
- b) by one of the partners, if a partnership; OR
- c) by an officer of the company or corporation.

I affirm that I am the owner, partner or officer of the firm name as shown in [Section III](#) and that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health (IDPH) 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.

I agree to the inspection of this operation by an Authorized Identified Person (AIP) of IDPH during facility operating hours. I understand that harassment and/or inappropriate behavior towards an AIP may result in the cessation of the inspection.

I agree to conduct operations and maintain premises in accordance with all applicable laws, rules, and regulations.

Print Name: _____

Signature: _____

Date: _____

X. Submit Application

Email completed application AND attachments to dph.mfgfood@illinois.gov

– OR –

Mail completed application AND attachments to:

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

- The application and review process from when IDPH receives the application to when the inspector should contact the facility 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 the application, and the schedule of the inspector responsible for the area.
- **Questions?** Phone 217-785-2439 | TTY (hearing impaired) 800-547-0466 | Email dph.mfgfood@illinois.gov

