



PUBLIC HEALTH IS PRICELESS

VERMILION COUNTY HEALTH DEPARTMENT

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2017 Cottage Food Operation Registration Form

Name of owner of Cottage Food Operation : _____

Name of food stand : _____

Address of owner : _____

Address where foods are prepared : _____

Phone number of owner : _____

Certified Food Manager number : _____

Types of foods prepared : _____



AN EQUAL OPPORTUNITY EMPLOYER