



PUBLIC HEALTH IS PRICELESS

## VERMILION COUNTY HEALTH DEPARTMENT

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# 2018 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 : \_\_\_\_\_

\_\_\_\_\_

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