



MANUFACTURING FOOD / BOTTLED WATER / FARMERS MARKET SAMPLER APPLICATION

IMPORTANT NOTE BEFORE YOU BEGIN: For most application types, you will be required to upload attachments during the application process. Below is a list of permit or license types that require a document be uploaded/attached. Therefore, do NOT start the online application process until you complete these documents and have them saved electronically on your computer and are ready to upload during the online application process.

Application Type	Mandatory Attachment	Naming File in Upload*
ALL APPLICANTS <i>Excluding Farmers Market Sampler and Bottled Water Plants located out of state</i>	Ownership / Purpose for Application Template in Appendix A	Ownership Form
	Complete list of Products that you make or repack	Plant Products
	Representative sample of product LABELS. If these are not available at time of application, please upload a note and give estimate time frame of when labels can be provided.	Product Labels
	Facility Construction/Floor Plans	Construction Plans
	Source(s) of water Template in Appendix D	Water Source
Processor (GMP)	Manufactured Food – Supplemental Application Questions Template in Appendix B	Supplemental Questions
Bottled Water Plant located in Illinois	List of Bottled Water Products and Water Source. Product Inventory template in Appendix C	Products and Water Source
Farmers Market Sampler	National Certified Food Protection Manager certificate <u>or</u> ANSI accredited or other approved food handler training certificate, and if applicable, proof of completion of the Department Farmers Market Food Sampling Handler Training	Certification
Bottled Water Plant located Out of State (Registration)	List of Bottled Water Products and Water Source. Product Inventory template in Appendix C	Products and Water Source
	Copy of your last state inspection (conducted by your state’s inspector)	Last State Inspection

*When you add an attachment, you will have to name it. This is what to name that specific document.

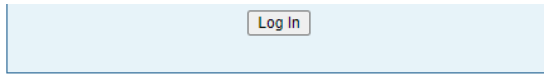
Questions? Contact Illinois Department of Public Health Phone 217-785-2439
By Email: dph.mfgfood@illinois.gov

Once you have completed and saved the attachments listed on page 1, you are ready to proceed with Step 1. Carefully follow the instructions in the order they are explained.


If at any time during the application process you get an error message (red box), it is best to cancel what you have done and then re-do. The system can be touchy.

Step 1

You will need to create a USAFoodSafety user account. If you have one already, proceed to Step 2. If not, click “CREATE NEW USER ACCOUNT/PASSWORD” on the Welcome page:



To RENEW an existing permit, license, or registration OR APPLY for a new permit, license, or registration, please log in above. This would include: Dairy Related Permits (Farms, Plants, Cleaning Stations, Receiving Station, Transfer Station, Milk Tank Trucks, Bulk Milk Hauler/Sampler, Bulk Milk Sampler, Industry Sampler, Certified Pasteurizer Sealer), Manufactured Food, Farmers Market Sampler, Salvage, Bottled Water, Tanning, and Body Art Establishments.

If you are a FIRST-TIME USER of this site, you will need to first create a USER Account/Name and Password to log in. Please click here to start: [CREATE A NEW USER ACCOUNT/PASSWORD](#) 

To have your Food Handlers Training Program (FHTP) approved, click here: [FHTP Approval](#)

To apply for a NEW permit, license, or registration, click on the program link below for instructions and print out prior to logging in and completing an application. These instructions will guide you through the process

[DAIRY RELATED](#)
[BOTTLED WATER](#)
[MANUFACTURED FOOD](#)

Step 2


Once you create user account and log in, click on the “**Add New Business**” bar (even if applying for an individual permit such as a Farmers Market Sampler).



NOTE: If you want to apply for multiple permits or licenses, you will need to complete the process for each one. To do this, after the completion of entering one, click the “**Add New Business**” bar to start on the next. You will be able to pay for all of them at one time after you are done with all entries.

Step 3

If you are the owner **or** if you are applying for a Farmers Market Sampler, check the “I am owner” box. Otherwise leave unchecked. If there are multiple owners, you may add later as additional contacts.



New Business

Program Owner Information

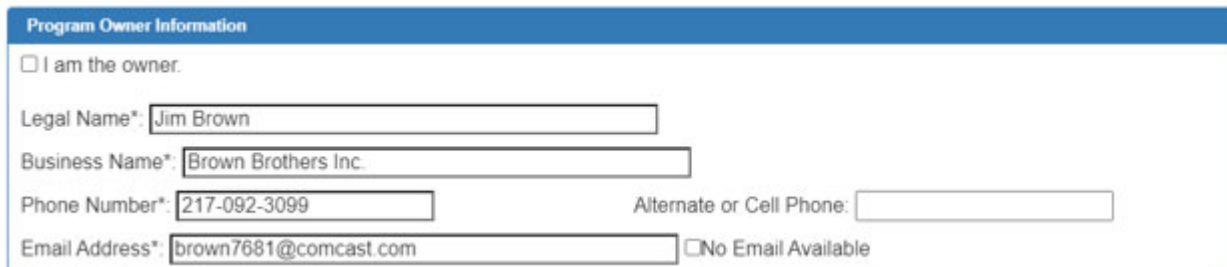
I am the owner.

Legal Name*: Dairy Plants USA

Business Name*: Dairy Plants USA

Phone Number*: 217-213-0000

If you did not click the “I am owner” box, begin entering the information about the owner/business.



Program Owner Information

I am the owner.

Legal Name*: Jim Brown

Business Name*: Brown Brothers Inc.

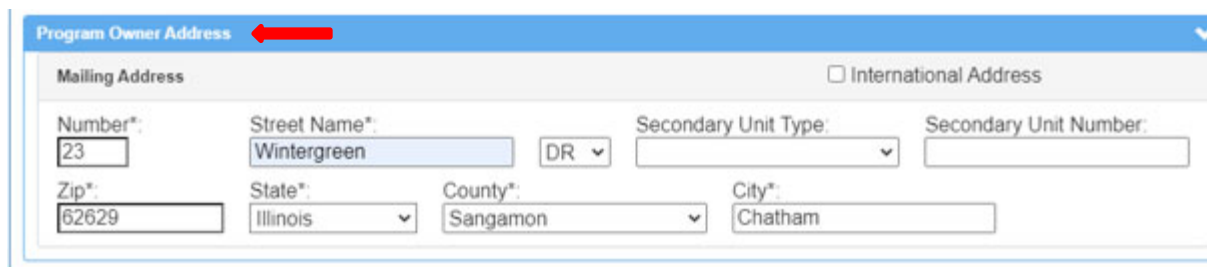
Phone Number*: 217-092-3099

Alternate or Cell Phone:

Email Address*: brown7681@comcast.com No Email Available

- Legal Name:** This is the legal name of business (Corporation, LLC, Sole Proprietor, Individual, etc.)
- Business Name:** This is the name of the business. It may be the same as the Legal Name.
- Phone Number:** This is the telephone number of the owner.
- Alternate or Cell Phone:** Not Required.
- Email Address:** This is the email address of the owner (check box if no owner email exists).

In the **Program Owner Address** section, enter the address of the owner of your business (even if it’s the same as the facility address). Note: If applying for a Farmers Market Sampler, enter your personal address.



Program Owner Address

International Address

Mailing Address

Number*: 23

Street Name*: Wintergreen

Secondary Unit Type: DR

Secondary Unit Number:

Zip*: 62629

State*: Illinois

County*: Sangamon

City*: Chatham

In the **Business Information** section:

- Doing Business As:** Enter the actual name of the facility/business. This is the name that will appear on your registration or permit. If applying for a Farmers Market Sampler enter your name, for example “William Smith”
- Business Phone Number:** Enter the telephone number of your facility/business. If applying for a Farmers Market Sampler, enter your phone number. Do not check “None Available”. This is how we contact you.
- Alternate or Cell Phone:** Optional.
- Business Email Address:** Enter the email address of your facility/business. If applying for a Farmers Market Sampler enter your email address. Do not check “No Email Available”. This is how we contact you.

The screenshot shows the 'Business Information' section of a form. It includes the following fields: 'Doing Business As' with the value 'The Brown Stop'; 'Business Phone Number*' with the value '217-999-0923' and an unchecked 'None Available' checkbox; 'Alternate or Cell Phone' which is empty; and 'Business Email Address*' with the value 'TheBrownStop@gmail.com' and an unchecked 'No Email Available' checkbox. A red arrow points to the 'Business Information' header.

Complete the **Business Address** section. Enter information about the actual facility’s physical location (or the home address if applying for a Farmers Market Sampler) .

- Number:** Enter street number
- Street Name:** Enter Street Name (and then ST, RD, BLVD, etc. in the next box/drop-down).
- Enter Zip:** Only enter a 5-digit zip. Once you enter zip and tab forward, the State, County, and City will automatically populate.
- Same as Mailing Address:** Click this box if the facility’s physical address is the same as the mailing address. If it is not, enter the physical address information.

The screenshot shows the 'Business Address' section of a form. It is divided into two parts: 'Mailing Address' and 'Physical Address'. The 'Mailing Address' section includes an unchecked 'International Address' checkbox and fields for Number* (27), Street Name* (Westchester), Secondary Unit Type (ST), Secondary Unit Number, Zip* (62629), State* (Illinois), County* (Sangamon), and City* (Chatham). The 'Physical Address' section has a 'Same as Mailing' button and identical fields for Number* (27), Street Name* (Westchester), Secondary Unit Type, Secondary Unit Number, Zip* (62629), State* (Illinois), County* (Sangamon), and City* (Chatham).

Under the **Facility Classification Section**, use the drop-down arrow and check the box(es) of the appropriate **facility or individual classification(s)**. For the following classifications, you will also need to select a **Subclassification**.

Classification	Subclassification Choices
Farmers Market Sampler	Food Handler or CFPM
Bottled Water Plant	In-State or Out-of-State
Shellfish – ICSSL	DP,RP,RS,SP,SS, or WS

IMPORTANT NOTE: For the following facility classifications, you must also check the **Processor (GMP) Classification**.

- Juice Products
- Low Acid Canned Foods (LACF)
- Acidified
- Seafood HACCP*
- Shellfish**

**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.”*

***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.” For the Shellfish classification, you must also choose one of the following subclassifications:*

- **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.

Example: Processor (GMP), Acidified Food, and Juice Facility

The screenshot shows a web form titled "Facility Classifications". It has two main sections: "Classifications:" and "Sub-Classifications:".

- Classifications:** A dropdown menu is set to "Acidified Food, Processor (GMP), Juice". Below it is a list of checkboxes:
 - Acidified Food
 - Bottled Water Plant
 - Bottled Water Source
 - Bulk Milk Hauler/Sampler
 - Bulk Milk Sampler
 - Cottage Food
 - Evaluated Industry Sampler
 - Processor (GMP)
 - Grade A BTU
 - Grade A Dairy Plant
 - Grade A Dairy Farm
 - Juice
- Sub-Classifications:** A dropdown menu is set to "Select options".
- Options:** A section with several input fields:
 - Employees: [input field]
 - Employees: [input field]
 - Food Sales: [dropdown menu]
 - Food Sales: [input field]
 - warehoused: [input field]

Example of Shellfish Selection (but remember to also select Process (GMP))

The screenshot shows the 'Facility Classifications' section. The 'Classifications' dropdown is set to 'Shellfish-ICSSL'. The 'Sub-Classifications' dropdown is open, showing a list of options: DP, RP, RS, SP, SS, and WS. The 'RP' option is selected and highlighted in yellow. Below the dropdowns is a 'Classification Reference Data' table with columns for 'Reference Data Text' and 'Options'.

As you select the classification (and subclassification if applicable), questions for you to complete will appear. Please answer all questions. Once done, click the **“Save New Business with Program”** tab that is at the bottom (do not click the Save New Business choice).

The screenshot shows the 'Classification Reference Data' form. It has two columns: 'Reference Data Text' and 'Options'. The 'Number of Onsite Employees' is 20, 'Number of Corporate Employees' is 124, 'Gross Annual Food Sales' is \$25,000 - \$49,999, and 'Corporate Gross Annual Food Sales' is 750,000. At the bottom, there are two buttons: 'Save New Business' (crossed out with a red X) and 'Save New Business With Program' (circled in red).

Once you click **“Save New Business with Program”**, two more sections will appear: Contacts and Attachments.

The screenshot shows two sections: 'Contacts' and 'Attachments'. The 'Contacts' section has a table with columns: Contact's Name, Address, Relationship, and Cell Phone. Below the table is a blue button labeled 'Add New Contact'. The 'Attachments' section has a table with columns: File Name, Description, and Delete. Below the table is a blue button labeled 'Add New Attachment'. At the bottom of the page is a green button labeled 'Save Changes'.

Adding Contacts

Adding additional contacts is not required; however, if you would like to add Contacts, click this blue bar. For a complete listing of contact types, click this blue panel and use the drop-down at the top to see what is available.

Relationship*: Field Representative

First Name*: Bill Middle Name: R Last Name*: Jones

Title:

Email*: None Available
Bill87999@comcast.net

Contact Address

Street Address: 23 1st

Zip: 62629 State: Illinois County: Sangamon City: Chatham

Cell Phone*: 217-098-7777 Fax:

OK Cancel

When done adding each contact, click the “OK” button at the bottom of the page or click Cancel if you do not wish to add a contact.

Adding Attachments

Page 1 list the **MANDATORY** attachments you must upload for each classification. Failure to upload the attachments may cause long delays in processing your application. Also be sure to name each attachment as specified under the “Naming File in Upload” column on page 1.

To attach/upload the required documents. Click on the “**Add New Attachment**” panel

File Name	Description	Delete
Add New Attachment		

Click on Choose File. A separate window will appear on the screen. From here, find the document on your computer and select it. In the Attachment Description field, type in the specific document name (as listed on page 1). Once completed, click the “**Upload File**” button.

New Attachment

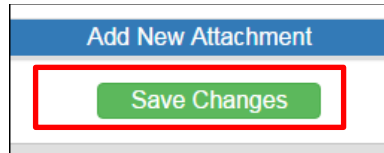
File Uploader

Choose Attachment:
Choose File No file chosen

Attachment Description:

Upload File

Continue this process until all required documents are uploaded and then click the “**Save Changes**” button at the bottom of the screen.



Step 4

Once you click the “**Save Changes**” button, another window will open (New Permit, License, or Registration). Using the drop-down arrow, select the Program Group Type “**Manufactured Food**” program type for all programs except for Farmers Market Sampler, choose “**Retail Food**”.

For Group Type “Manufactured Food”, select again “**Manufactured Food**” for Program Type as well EXCEPT if you are applying for a Salvage license. For Salvage, pick either “Not for Profit” or “For Profit.”

For Group Type “Retail Food” (Farmers Market Sampler), select the credentials you hold for Program Type.

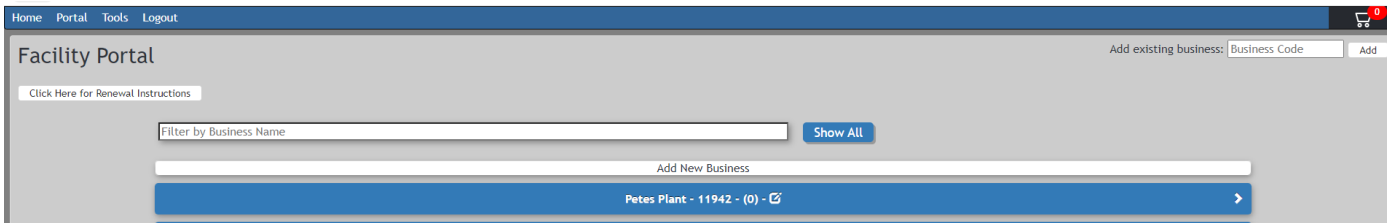
In this Section ignore the Attachment area (there is nothing to upload here). Once done, click the “**Save New Business Program**” button when done.

Example

A screenshot of a web form titled "New Permit, License, or Registration". The form is divided into several sections: "New Program Information" with dropdown menus for "Program Group Type" and "Program Type" both set to "Manufactured Food"; "Attachment" which is crossed out with a large red 'X' and contains a "Choose Attachment" section with a "Choose File" button and "No file chosen" text, and an "Attachment Description" text box; and "New Program Reference Data". At the bottom right of the form, a green button labeled "Save New Business Program" is circled in red.

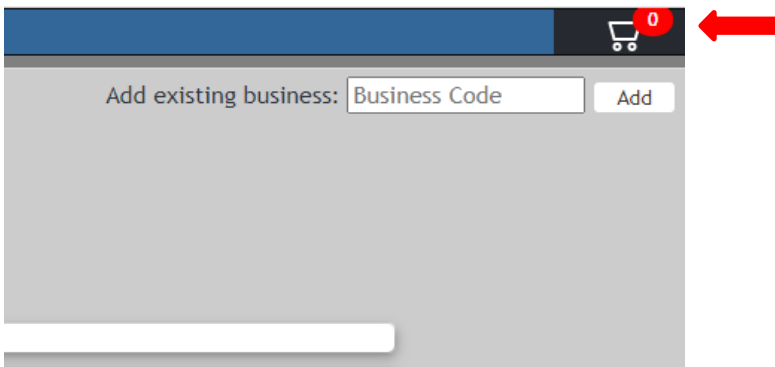
Step 5

Once you click the “**Save New Business Program**” button, you will be directed back to the main Facility Portal as illustrated below.



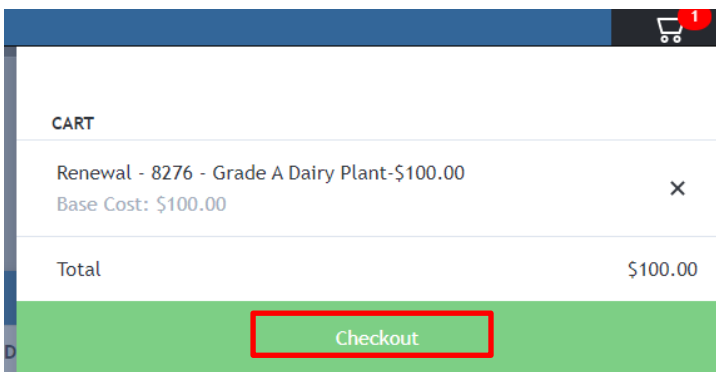
You are now ready finalize your application and make payment if there is a fee associated with the permit or license.

Click on **Shopping Cart** icon in the upper right-hand corner. Review the information and then click **Checkout**. Sometimes the Shopping Cart indicator will show a “0”. Just ignore this (not always accurate) and click on the shopping cart icon.



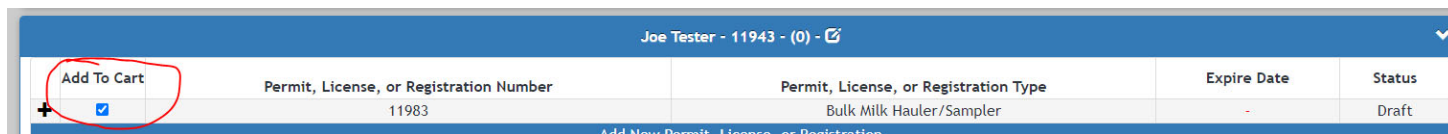
Review the information and then click “**Checkout**”.

IMPORTANT NOTE: Most Manufactured Food permits or licenses do not have a fee. However, you will still need to proceed to Checkout. Simply click “Shopping Cart” and then “Checkout” to finalize application.



After you Checkout, you will be directed to the payment provider website (if there is a fee to pay). Follow the payment provider's on-screen instructions and complete payment.

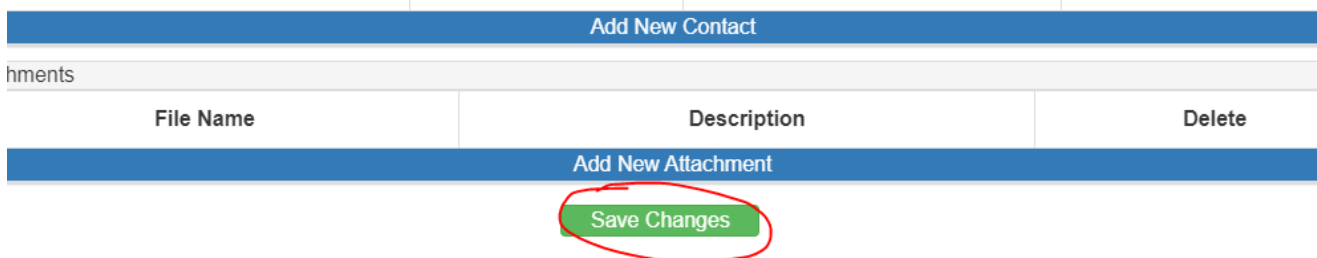
If nothing shows in the Shopping Cart, click on the blue bar to open your application. Check the "Add to Cart" box.



Joe Tester - 11943 - (0) - [edit]					
+	Add To Cart	Permit, License, or Registration Number	Permit, License, or Registration Type	Expire Date	Status
	<input checked="" type="checkbox"/>	11983	Bulk Milk Hauler/Sampler	-	Draft

If the box is already checked but the item does not appear in the Shopping Cart, remove the check mark, and then recheck the box. This should fix it; but note, when you recheck the box, an informational section of the application will appear. Navigate to the bottom and click **Save Changes** even though no changes were made.

The item should now appear be in the Shopping Cart and is ready for Checkout.



hments

File Name	Description	Delete
Add New Attachment		

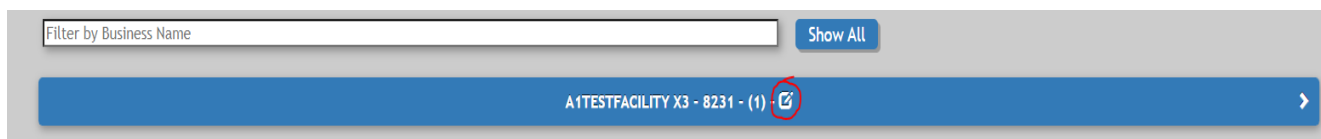
Save Changes

Once you click the **Checkout** button, you will be directed to a third-party online payment system. Follow the on-screen instructions carefully to complete your payment. There is a third part processing fee of \$1.00 for an electronic check or 2.35% (minimum \$1.00) for credit/debit cards will be added to your total renewal fee.

After payment is complete, exit the website. Your application will be automatically submitted to the Department. You will be notified by the Department of the next step in a few days once your application is processed.

Updating the Application

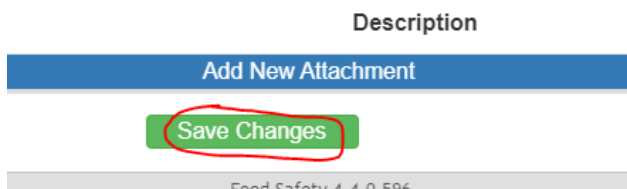
At any time, you can edit only certain parts of the application such as adding an attachment or updating mailing/email address. To do so, Login into USAFoodSafety, and in the blue panel, click on the pen/paper icon.



Filter by Business Name Show All

A1TESTFACILITY X3 - 8231 - (1) [edit]

Note: To exit screen, navigate to the bottom and click Save Changes even if changes were not made.



Description

Add New Attachment

Save Changes

Food Safety 4.4 0.596

Appendix A

Ownership / Purpose for Application

Appendix B

Manufactured Food – Supplemental Application Questions

Appendix C

Bottled Water Plant Product Inventory

Appendix D

Water Source Information

Appendix A

Ownership / Purpose of Application

Purpose of Application (check one)

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

Ownership Type

Check One Box and complete information.

Sole Proprietor or Individual Person: List Name: _____

Partnership/Multiple Owners. List Name of Each Owner

Government

Non-Profit

Cooperative. List Exact Full Cooperate Name

Limited Liability Company (LLC). FEIN: _____
List Complete Name of LLC: _____
List the registered agent on file with the Secretary of State. _____

Corporation. FEIN: _____
List Complete Name of Corporation: _____
List the registered agent on file with the Secretary of State.. _____

Appendix B

Manufactured Food – Supplemental Application Questions

Question	Answer (circle one or write in response)	
Are you already in operation?	YES	NO
Do any other firms operate out of this same location?	YES	NO
Are you or will you be selling your product direct to the consumer (retail)?	YES	NO
Are you or will you be selling your product wholesale to other businesses?	YES	NO
Do you make this product at home?	YES	NO
Will you be making the product at a shared kitchen?	YES	NO
Are you inspected by another government agency?	YES	NO
If Yes to above, what agency?		
Where do you intend to sell your product?		
Will you be producing or storing the product at multiple locations?	YES	NO
Will someone else be producing your product (copacker)?	YES	NO
If YES to above, who is that?		
Will someone else be packaging your product?	YES	NO
If YES to above, who is that?		
Are you using a food grade packaging for your product?	YES	NO
Do you or someone on your staff have any training in food safety?	YES	NO
If YES to above, specify training:		
Are you conducting employee training in food safety and Good Manufacturing Practices (GMPs)?	YES	NO
If YES to above, do you have employee training records of that training?		
Do you intend to sell your product out of state?	YES	NO
If YES to above, to who?		
Are you registered with the FDA?	YES	NO
Will you be using a website to sell your product?	YES	NO
If YES to above, what is the website?		
If you have raw produce, are you further processing (washing to make RTE, cutting, packaging) it?		
What is the source of your water?		
If on well water, how often do you test the water?		
Are you on public sewer or on a septic system?	YES	NO
What type of sanitizer are you using?		
Have you ever had your product evaluated by a process authority?	YES	NO
If YES to above, which products?		
Do you have an allergen control plan currently in place?	YES	NO
Do you have a food safety plan currently in place?	YES	NO

Appendix B (cont.)

Manufactured Food – Supplemental Application Questions

Question	Answer (circle one or write in response)	
Do you have a food recall plan currently in place?	YES	NO
Do you intend to use lot codes?	YES	NO
Do you keep records of all products for traceback and recall purposes?	YES	NO
Do you have food labels that include ingredients, allergens, and nutrition information?	YES	NO
Does your product label tell the consumer who to contact if there is an issue?	YES	NO
Does your product label state the product is “organic”?	YES	NO
If YES to above, has it been certified as organic?	YES	NO
Do you import any raw ingredients from another country?	YES	NO
Do you have a cooler and/or freezer with thermometers?	YES	NO
Do you keep a daily temp log?	YES	NO
Are all surfaces in the processing area smooth and easily cleanable?	YES	NO
Are you making any dairy products?	YES	NO
If YES to the above, what dairy products?		
Do you intend to use a pest control contractor or do it in house?	YES	NO
Do you process or store any seafood (other than as an ingredient)?	YES	NO
If YES to above, do you have a HACCP plan?	YES	NO
Do you process juice?	YES	NO
If YES to above, do you have a HACCP plan?	YES	NO
What method are you using to treat your juice?		
Are you producing any acidified foods	YES	NO
If YES to above, ? how do you validate pH?		
Are you producing any low acid canned foods?	YES	NO
If YES to above, what?		
How long do you intend your product to be on store shelves (shelf life)?		
How did you determine the shelf life of your product?		

Appendix C
Bottled Water Plant Product Inventory

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

Appendix D - Water Source Information

Complete only the areas that describe the source of water

Water is received from this community water supply _____

Water is received from this non-community water supply _____

Water is received from this private water supply _____

Water is hauled from _____

Water comes from this surface water source _____

Water comes from well(s). We have ____ well(s).

- Name of Well(s) and brief location description

Water comes from well pit(s). We have ____ well pit(s).

- Name of Well pit(s) and brief location description

Water comes from this spring _____

Circle if water type is: Glycol Recirculated Sweetwater Cistern

Other source or comments: _____

Appendix D – FARM FIELD REPRESENTATIVE CONFIRMATION

Who installed milking equipment?
BTU Field Representative (Rep) Name
Field Rep Telephone Number
Field Rep Email Address
Dairy Plant, Transfer Station, Receiving Station or BTU
Estimated Effective date of Shipping (pending permit issuance)
Fieldperson's Recommendation

Fieldperson's Signature Required

I have inspected the producer's operation and premises and we have fully discussed the requirements for raw milk production. I agree to keep this producer fully informed of all raw milk production and handling requirements.

Signature

Date

Appendix E - RAW DAIRY FARM CERTIFICATION

For Raw Milk for Sale on the Farm, before you apply, you must read the “*Raw Dairy Farm Permit Packet*” document and sign the certification statement below. This document can be found at:

<http://www.dph.illinois.gov/sites/default/files/publications/publicationsohpraw-dairy-farm-permit-packet-2016.pdf>

Complete and Sign this Certification Statement

I, _____, have thoroughly read the “*Raw Dairy Farm Permit Packet*”. I fully understand all the requirements listed in that document. I hereby make application for a Raw Dairy Farm Producer’s Permit for the production and sale of raw milk on the premises of this dairy farm only. 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 denial, suspension, or revocation of this permit. I agree to conduct operations and maintain premises in accordance with the State of Illinois Grade A Pasteurized Milk and Milk Products Act excluding the PMO rules and requirements.

Print Name: _____

Date: _____

Signature: _____