



**Community  
Development  
Agency**

**Environmental Health Department**

950 Maidu Avenue Suite #170  
PO BOX #599002  
Nevada City, CA 95959

PH: (530) 265-1222 ext. 3  
FAX: (530) 265-9854

Env.Health@nevadacountyca.gov

[www.nevadacountyca.gov](http://www.nevadacountyca.gov)

## COTTAGE FOOD LABEL SUBMITTAL

Operator Name: \_\_\_\_\_

Date: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Permit No. \_\_\_\_\_

Owner Mailing Address (street, city, zip): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

*Please list labels being submitted below:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

**\*\*\* Attach a copy of each Cottage Food label listed above as they will appear on your product. \*\*\***

All Cottage Food Labels must comply with Federal Food, Drug and Cosmetic Act (21 USC Sec. 343 et seq.) and California Health and Safety Code Section 114365.2. All Cottage Food Labels will be reviewed within ten (10) business days. An email will be sent to the email address provided above confirming the acceptance or rejection of each label submitted. Rejected labels may be resubmitted without a fee. Labels may not be used without prior approval from Nevada County Department of Environmental Health.

*By signing below, you are acknowledging having read the above requirements.*

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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**AGREEMENT TO PAY**

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.nevadacountyca.gov>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

**Site Information:**

**Invoices and/or notices to be mailed to:**

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: \_\_\_\_\_

*I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.*

\_\_\_\_\_  
 Signature      Dated: \_\_\_\_\_      CDL# \_\_\_\_\_  
 \_\_\_\_\_  
 Printed Name      Tel #: \_\_\_\_\_

<b>THIS SECTION FOR OFFICE USE ONLY</b>		
Service: _____	Program: _____	Job No: _____
Check #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____