



APPLICATION FOR COTTAGE FOOD OPERATIONS (CFO)

Table with 4 columns: Application Type, Class A (Direct Sales Only), Class A with Private Water System, Class B (Direct & Indirect Sales), Class B with Private Water System

ATTENTION: Cottage Food Operations are ONLY allowed to produce certain categories of non-potentially hazardous foods. These are foods that do not support the rapid growth of microorganisms or toxins that could make people sick when the food is held outside time and temperature control.

BUSINESS INFORMATION

CFO Owner's Name:
CFO Business Name:
CFO Physical Address:
Mailing Address (if different from physical):
Owner's E-Mail Website:
Owner Primary Phone #: Secondary Phone #:

Water Source:

Check one:
Public Water System or Community Services District - Name:
Private Water Supply* - Identify Source: [] Well [] Spring [] Surface [] Other:
*Water quality tests listed below must be completed. Testing must be done at a State Certified Laboratory. Attach water sample lab reports.
[] Bacteriological Test (quarterly) [] Secondary Drinking Water Standards: Note: all water testing frequency requirements may vary depending on results of initial testing
[] Nitrate (as Nitrogen) Test (annually) bicarbonate, carbonate, hydroxide, alkalinity, calcium, iron, magnesium, manganese, pH, specific conductance, sodium, and total hardness (once)
[] Nitrite (as Nitrogen) Test (initially, then every 3 years)
[] Fluoride Test (once)

Waste Water Disposal:

Private Septic System* Public Sewer Entity:
*If you are not the property owner on record, you must provide a written statement signed by the property owner stating that they have no objection to the issuance of the Cottage Food Permit which may increase the usage of the private water and wastewater systems

Attach all of the following with this application:

- [] A complete product list and label for each product (See example label below)
[] Food Processors Training Certificate or Food Safety Manager Certificate or Food Handlers Card
[] Water quality test results (For CFOs on private wells only)

Product Labeling:

All CFO products for sale must be labeled as per the Federal Food, Drug and Cosmetic Act. The minimum requirements include by are not limited to:

- (1) The CFO Business Name and phone number
(2) The common name of the food product (Must be on principal/front panel)
(3) Ingredients listed in descending order of predominance by weight
(4) Allergen statement if the product contains ANY of the Big 8 Food allergens: Wheat, Milk, Peanuts, Tree Nuts, Eggs, Soy, Fish, Shellfish
(5) The net quantity (count, weight, or volume) of the food product, stated in both English (pound) units and metric units (grams). (Must be on principal/front panel)
(6) The words "Made in a Home Kitchen" in 12-point font (Must be on principal/front panel)
(7) The Registration (Class A) or Permit (Class B) number
(8) The city, state, and zip where the CFO is located
(9) The County (Nevada) who has issued the permit

NOTE: Label Templates available on our website. Click Here

Sally's Cookie Co.
(530)765-4321
Chocolate Chip Cookie with Walnuts
Ingredients: Enriched flour (Wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin and folic acid), butter (milk, salt), sugar, egg, chocolate chips (sugar, chocolate, cocoa butter, milkfat, soy lecithin, natural flavors), walnuts, salt, artificial vanilla extract, baking soda.
Contains: Wheat, milk, eggs, soy, tree nuts
Net Wt. 5 oz. (141 g)
Made in a Home Kitchen
Class A Registration or Class B Permit #
PRXXXXXXX
Nevada City, CA 95603
Issued by Nevada County

CFO General Requirements/Self-Certification

	YES	NO
Does the entire CFO (food/equipment storage, food preparation, product packaging, etc.) occur within the private home where the CFO owner resides?	<input type="checkbox"/>	<input type="checkbox"/>
Are all items (food and equipment) stored in the kitchen or in a room used exclusively for such storage (bedrooms and garages NOT permitted)?	<input type="checkbox"/>	<input type="checkbox"/>
Have all persons which will prepare or package CFO products completed food safety training?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to have no more than ONE full-time employee? (Family/household members not included)	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to ensure that no other domestic activities, such as family meal preparation, dish washing, kitchen cleaning, clothes washing/ironing, or guest entertainment will occur during CFO hours?	<input type="checkbox"/>	<input type="checkbox"/>
Are infants, small children and pets excluded from the kitchen during CFO food production and/or packaging?	<input type="checkbox"/>	<input type="checkbox"/>
Are all food preparation and food/equipment storage areas maintained free from rodents and insects?	<input type="checkbox"/>	<input type="checkbox"/>
Is smoking prohibited in food/equipment storage areas and the kitchen during CFO food production and/or packaging?	<input type="checkbox"/>	<input type="checkbox"/>
Is all CFO equipment maintained clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are utensils, food contact surfaces, and equipment used in the CFO washed, rinsed, and sanitized before each use?	<input type="checkbox"/>	<input type="checkbox"/>
Are hand washing supplies (warm water, liquid hand soap, paper towels) provided at all times during the CFO?	<input type="checkbox"/>	<input type="checkbox"/>
Are hands washed properly prior to preparing or packaging foods and after engaging in any activity that contaminates hands, such as using the toilet, coughing or sneezing into hands, eating, or smoking?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers (including CFO owner) excluded from CFO food production and/or packaging if experiencing signs/symptoms of a contagious illness?	<input type="checkbox"/>	<input type="checkbox"/>
I understand that should my Gross Annual Sales exceed \$75,000 (Class A) or \$150,000 (Class B) then I will no longer be permitted to operate my CFO from my home kitchen and future activities must be conducted from a commercial food facility with all applicable permits.	<input type="checkbox"/>	<input type="checkbox"/>
I understand only <u>non-potentially hazardous foods</u> may be produced by a CFO. Products must be included on the list of CDPH Approved Cottage Foods and labels must be reviewed by NCDEH prior to production.	<input type="checkbox"/>	<input type="checkbox"/>

Planning Department Approval Required

All CFOs are required to obtain approval from the appropriate Planning Department for the CFO location prior to operating. Requirements to obtain approval may differ depending on the jurisdiction. **I understand I must obtain approval from the following Planning jurisdiction (select one):** Nevada County Planning Department (unincorporated areas of Nevada County) City of Grass Valley City of Nevada City Town of Truckee

CFO Applicant Agreement

By checking box below, I declare under penalty of perjury that the statements made herein are correct and true. I hereby consent to all necessary Environmental Health inspections made pursuant to law and incidental to this permit. I acknowledge that I must notify Nevada County Environmental Health of any intended changes to the above statements. I certify that I am familiar with the laws and regulations pertaining to Cottage Food Operations as stated in Chapter 11.5, section 114365 of the California Retail Food Code and agree to operate in a manner consistent with these laws.

APPLICANT NAME: _____ DATE: _____

Department use Only				
Department Comments / Conditions: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other				
REHS Signature:			Date:	
Payment Type:	Cash	Online	Check#:	Amount Received:
Invoice and payment instructions emailed to applicant				Date Payment Received:
OW	FA	PR	PE	IN



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.mynevadacounty.com

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:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and 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.

Printed Name, Dated, CDL#, Signature

THIS SECTION FOR OFFICE USE ONLY

Form for office use only with fields for Service, Amount, Check #, Program, Receipt #, Job No, and Date of Receipt.