



**Placer County  
Health and Human Services  
Environmental Health**

Amount Paid \$:
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**APPLICATION FOR COTTAGE FOOD OPERATIONS (CFO)**

- CLASS A (Direct Sales)
  CLASS B (Indirect Sales)
  Both (Direct & Indirect Sales)
- Update Information
  Change of Owner
  Business Name Change
  New Business

Mail Invoice/Registration or Permit to  Owner or  Facility

**BUSINESS OWNER INFORMATION**

Owner's Name: \_\_\_\_\_

Owner Address, City, Zip: \_\_\_\_\_

Owner's E-Mail: \_\_\_\_\_

Owner's Phone #: (     )                      Emergency Phone # (     )

Owner's Mailing Address: \_\_\_\_\_

**FACILITY INFORMATION**

CFO Business Name: \_\_\_\_\_

CFO Physical Address: \_\_\_\_\_

CFO Website Address: \_\_\_\_\_

CFO Alternate Phone #: (     ) \_\_\_\_\_

Water supply information: ( ) drilled well ( ) hand dug well ( ) ditch water ( ) public water \_\_\_\_\_

Disposal system information: ( ) private septic system ( ) public sewer system: \_\_\_\_\_

Provide lists of cottage food products (*add a second page if necessary*): \_\_\_\_\_

- |                          |  |  |  |                        |                               |                               |                                |                                 |                                  |                                      |   |
|--------------------------|--|--|--|------------------------|-------------------------------|-------------------------------|--------------------------------|---------------------------------|----------------------------------|--------------------------------------|---|
| Permissible Gross Sales: | <input type="checkbox"/> < \$50,000 (2016) | <input type="checkbox"/> < \$50,000 (2017) | <input type="checkbox"/> < \$50,000 (2018) | Types of Pets in home: | <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs | <input type="checkbox"/> Birds | <input type="checkbox"/> Snakes | <input type="checkbox"/> Turtles | <input type="checkbox"/> Others/None | Facility Within City Limits?  |
|                          |  |  |  |                        |                               |                               |                                |                                 |                                  |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|                          |  |  |  |                        |                               |                               |                                |                                 |                                  |                                      | Business License <input type="checkbox"/> Yes <input type="checkbox"/> No                 |

If Applicable: Food Vehicle License Plate # \_\_\_\_\_ Number of Employees: \_\_\_\_\_

- ATTACH THE FOLLOWING WITH THIS APPLICATION:**  *Self Certification Checklist*
- Floor Plan of kitchen & storage area*
 *Food Processors Training Certificate/Food Handlers Card*
- Product list(s) and sample label(s)*
 *Bacteria, Nitrate and Nitrite Test (if water supply is from drilled well)*

*AB1616 also known as Homemade Food Act requires all CFO operators to secure approval from City or County Planning Department and Health Department. Cottage Food Operation in Placer County without a valid registration or permit issued by this office may result in closure of the CFO and penalty fees of up to three times the original permit or registration fee.*

***I certify that I am familiar with the laws and regulations pertaining to Cottage Food Operations as stated in the California Retail Food Code section 114365 and agree to operate in a manner consistent with these laws.***

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Type of Establishment:	PE#	Description:
Department Comments / Conditions: ( ) Approved ( ) Denied ( ) Other		
R.E.H.S. Signature:		DATE:

OW \_\_\_\_\_ FA \_\_\_\_\_ PR \_\_\_\_\_ PE \_\_\_\_\_ INV \_\_\_\_\_