

Placer County Health and Human Services Environmental Health

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APPLICATION FOR COTTAGE FOOD OPERATIONS (CFO)

CLASS A (Direct Sales)	CLASS B (Indirect Sale	es) 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 #: Owner's Mailing Address:	_() Em	nergency Phone # ()	
FACILITY INFORMATION			
CFO Business Name: CFO Physical Address: CFO Website Address: CFO Alternate Phone #: ()		
Provide Information on your water supply: () drilled well () hand dug well () ditch water () public water Provide information on your disposal system: () private septic system () public sewer system			
Provide lists of cottage food products (add a second page if necessary):			
Permissible	(2014) of Pets Dogs T	Snakes Facility Within City Limits? Furtles ☐ Yes ☐ No ☐ Unknown Others/None Business License ☐ Yes ☐ 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 on 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 Homemade Food Act and agree to operate in a manner consistent with these laws.			
OWNER'S SIGNATURE: _		DATE:	
Type of Establishment:	PE#	Description:	
Department Comments / Co	onditions: () Approved () Denied		
R.E.H.S. Signature:		DATE:	
O\A\	DD	DE INV	