Placer County
Health and Human Services
Environmental Health

Amount Paid $:	
Date Paid:	
Receipt #	
Check #	
CC Auth #	

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 #: ( )

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 Gross Sales:	Types of Pets in home		Facility Within City Limits?
☐ < $50,000 (2015)	☐ Cats	☐ Snakes	☐ Yes ☐ No ☐ Unknown
☐ < $50,000 (2016)	☐ Dogs	☐ Turtles	Business License ☐ Yes ☐ No
☐ < $50,000 (2017)	☐ Birds	☐ Others/None	

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 / Conditions: ( ) Approved ( ) Denied ( ) Other			
R.E.H.S. Signature:		DATE:	

OW_____ FA_____ PR_____ PE _____ INV_____