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 #: ( ) _____

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: ☐ < $50,000 (2016) ☐ < $50,000 (2017) ☐ < $50,000 (2018)

Types of Pets in home: ☐ Cats ☐ Dogs ☐ Birds ☐ Snakes ☐ Turtles ☐ Others/None

Facility Within City Limits? ☐ Yes ☐ No ☐ Unknown

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*

☐ *Product list(s) and sample label(s)*

☐ *Food Processors Training Certificate/Food Handlers Card*

☐ *Bacteria, Nitrate and Nitrite Test* **(if water supply is from drilled well)**

AB1616 (also known as the Homemade Food Act) requires all CFO operators to secure approval from the City or County Planning Department and the Health Department. ***Cottage Food Operations 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**_____