



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Sean Powers, Director

ENVIRONMENTAL HEALTH DEPARTMENT

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950 MAIDU AVENUE, SUITE #170
NEVADA CITY, CA 95959

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<http://mynevadacounty.com>

COTTAGE FOOD REGISTRATION AND PERMITTING FORM CLASS A and CLASS B

California Homemade Food Act AB 1616 (GATTO)

To complete the application process for a Cottage Food Operation (CFO), please complete this application along with the Cottage Food Label Review Form, Agreement to Pay form and the associated fee for review of your CFO.

CFO Business Name: _____ Date: _____

Owner Name: _____ Phone No. _____

CFO Physical Address: (street, city, zip) _____

Mailing Address (if different): _____

Email: _____ APN: _____ - _____ - _____

Website (if any): _____

1. CATEGORIES

"Class A" - Direct Sales Only
PE 1682 Fee: **\$186.86** (Renewed Annually)

"Class B" - Direct and Indirect Sales
PE 1683 Fee: **\$467.15** (Renewed Annually)

2. PROHIBITED ITEMS

Initial if you agree to abide by the following: _____

Foods containing cream, custard or meat fillings are potentially hazardous and are NOT ALLOWED.

Only foods that are defined as "non-potentially hazardous" are approved for preparation by a Cottage Food Operation (CFO).

Non-potentially hazardous foods items do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illnesses.

For a list of approved foods, please visit our website at mynevadacounty.com.

3. PRODUCTS – Check all that apply.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Confections | <input type="checkbox"/> Granola/Cereals | <input type="checkbox"/> Pizelles |
| <input type="checkbox"/> Bread | <input type="checkbox"/> Cotton Candy | <input type="checkbox"/> Ground Chocolate | <input type="checkbox"/> Popcorn |
| <input type="checkbox"/> Biscuits | <input type="checkbox"/> Dry Baking Mixes | <input type="checkbox"/> Herb Blends | <input type="checkbox"/> Roasted Coffee |
| <input type="checkbox"/> Buttercream Frosting / Icing / Fondant / Gum Paste | <input type="checkbox"/> Dried Fruit | <input type="checkbox"/> Honey | <input type="checkbox"/> Sweet Sorghum Syrup |
| <input type="checkbox"/> Candy – Hard | <input type="checkbox"/> Dried Tea | <input type="checkbox"/> Jams / Jellies / Preserves*** | <input type="checkbox"/> Tortillas |
| <input type="checkbox"/> Candied Apples | <input type="checkbox"/> Dried Vegetarian-Based Soup Mixes | <input type="checkbox"/> Mustard | <input type="checkbox"/> Trail Mix |
| <input type="checkbox"/> Chocolate Covered Nonperishable Foods | <input type="checkbox"/> Fruit Butter*** | <input type="checkbox"/> Nut Butters | <input type="checkbox"/> Vegetable & Potato Chips |
| <input type="checkbox"/> Churros | <input type="checkbox"/> Fruit Empanadas | <input type="checkbox"/> Nuts / Nut Mixes | <input type="checkbox"/> Vinegar /Fruit Infused Vinegar |
| <input type="checkbox"/> Cookies | <input type="checkbox"/> Fruit Pies | <input type="checkbox"/> Pastries | <input type="checkbox"/> Waffle Cones |
| <input type="checkbox"/> Dried Mole Paste | <input type="checkbox"/> Dried / Dehydrated Vegetables | <input type="checkbox"/> Seasoning Salt | <input type="checkbox"/> Dried Pasta |
| <input type="checkbox"/> Flat Icing | <input type="checkbox"/> Marshmallows (w/o eggs) | <input type="checkbox"/> Popcorn Balls | <input type="checkbox"/> Dried Grain Mixes |
| <input type="checkbox"/> Fried or Baked Doughnuts and Waffles | <input type="checkbox"/> Dry Fruit Powder | <input type="checkbox"/> Dried Hot Chocolate (Dry Powdered Mixes / Molded Hard Cocoa Pieces) | |
| <input type="checkbox"/> Dried Spiced Sugars | | | |

***These items must comply with standards described in [Part 150 of Title 21 of the Code of Federal Regulations](#).

FOOD DESCRIPTIONS:

4. PRODUCT LABELING

Initial if you agree to abide by the following:_____

For detailed labeling information, visit the [CDPH Cottage Food Labeling Requirements](#).

All cottage food products must be properly labeled in compliance with the Federal Food, Drug and Cosmetic Act (21 U.S.C. Section 343 et seq.). **The label must include:**

1. The common or descriptive name of the CFO food product located on the primary (principal) display panel.
2. The name, city and zip code of the CFO which produced the cottage food product. If the CFO is not listed in a current telephone directory, then a street address must also be included on the label. A contact phone number or email address is optional but may be helpful for contact in a case a consumer wished to contact you.)
3. The words "Made in a Home Kitchen" or "Repackaged in a Home Kitchen" as applicable, in 12-point type must appear on the principal display panel. *Note: if labeled as "Repackaged in a Home Kitchen" then a description of any purchased ready-to- eat products not used as an ingredient must also be included on the label.
4. The registration or permit number of the CFO which produced the cottage food product and the name of the county of the local enforcement agency that issued the permit number.
5. The ingredients of the cottage food product, in descending order of predominance by weight, if the product contains two or more ingredients.
6. The net quantity (count, weight, or volume) of the food product, stated in *both* English (pound) units and metric units (grams).
7. A declaration on the label in plain language if the food contains any of the major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans. There are two approved methods prescribed by federal law for declaring the food sources of allergens in packaged foods:
 - a. In a separate summary statement immediately following or adjacent to the ingredient list, or
 - b. Within the ingredient list.
8. Submit your labels using the [Cottage Food Label Review Form](#) to the Environmental Health Department for review.

NOTE: Product labels shall not be changed prior to approval from Nevada County Environmental Health Department after the initial approval of labels.

EXAMPLE:

<p style="text-align: center;">MADE IN A HOME KITCHEN Permit #: 12345 Issued in county: County name</p> <p style="text-align: center;">Chocolate Chip Cookies With Walnuts Sally Baker 123 Cottage Food Lane Anywhere, CA 90XXX</p> <p>Ingredients: Enriched flour (Wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin and folic acid), butter (milk, salt), chocolate chips (sugar, chocolate liquor, cocoa butter, butterfat (milk), walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.</p> <p>Contains: Wheat, eggs, milk, soy, walnuts</p> <p style="text-align: center;">Net Wt. 3 oz. (85.049g)</p>

5. WATER SOURCE

Please identify the water source to be used in the Cottage Food Facility: *(Check only one)*

Public Water System or Community Services District – Name: _____

Private Water Supply – Identify Source: Well Spring Surface Other: _____

Water Quality Results: Please check the boxes below if initial water testing has been completed for a Private Water Supply*.

All testing must be done at a [State Certified Laboratory](#). Attach water sample lab reports.

- Bacteriological Test (*quarterly***)
- Nitrate (NO_3) Test (*annually***)
- Nitrite (*Nitrogen*) Test (*initially, then every 3 years***)
- Secondary Drinking Water Standards¹ (*once***)
- Fluoride (*once***)
- Attach Well Log, if available

*Additional information may be required if food is prepared from a home with a private water supply–Check with your local jurisdiction.

**Testing Frequencies for Private Water Systems after initial testing may vary depending on results of initial testing.

¹Secondary MCL Standards (general mineral/physical): bicarbonate, carbonate, hydroxide, alkalinity, calcium, iron, magnesium, manganese, pH, specific conductance, sodium and total hardness.

6. DISPOSAL OF WASTE *Please check what type of treatment is used to dispose of waste.*

Public Sewer Service

Private Septic System

***In the event of septic system failure or plumbing problem, you are required to notify the Nevada County Department of Environmental Health immediately at (530) 265-1222 Ext. 3.

ATTENTION APPLICANT:

If your home is served by a private water supply or private septic system, you must provide a written statement signed by the property owner of record stating that they have no objection to the issuance of the Cottage Food Permit which may increase the usage of the systems above.

Check this box if the statement is enclosed

7. FOOD PROCESSOR COURSE

Initial if you agree to abide by the following:_____

Within 3 months Cottage Food Operators (CFOs), their employee and any household member that are involved in the preparation or packaging of cottage goods shall take one of the American National Standards Institute (ANSI) accredited food handlers course. Additionally, CFO's and their employees must complete the accredited food handler course every three years during operation. Proof of completion may be faxed to our department at (530) 265-9853 with CFO address and PR number.

8. EMPLOYEE

Initial if you agree to abide by the following:_____

I understand that I may not have more than one full-time equivalent cottage food employee, not including a family member or household member of the cottage food operator, working within the registered or permitted area of a private home where the cottage food operator resides and where cottage food products are prepared or packaged for direct, indirect, or direct and indirect sale to consumers.

9. GROSS ANNUAL SALES

Initial if you agree to abide by the following: _____

I understand that I will lose my CFO status and will need to become permitted as a commercial facility if my CFO business exceeds \$50,000 in gross annual sales figures for a calendar year.

10. DELIVERY LIMITATIONS

Initial if you agree to abide by the following: _____

I understand that I may accept orders and payments via the internet, mail or phone. However, all "Class A" & "Class B" CFO products must be delivered directly (in person) to the customer or retail food facility. The CFO products may not be delivered via US Mail, UPS, FedEx or using any other indirect delivery method as this is regulated/subject to CDPH registration and state and federal requirements.

11. ZONING REQUIREMENTS

Initial if you agree to abide by the following: _____

I understand that I shall comply with the applicable zoning requirements for the city or county Planning department in which I reside. (NOTE: The Planning approval process may take anywhere from 1-30 days. The Environmental Health permit will not be issued until the Planning process is complete.)

12. OWNERS STATEMENT

I, _____, agree to grant access to the Nevada County Environmental Health Department to conduct an inspection of my cottage food operation. *Choose one of the following:*

"Class A": In the event of a consumer complaint or reported food-borne illness.

"Class B": For regular annual facility inspections, and in the event of a consumer complaint or food-borne illness.

I, _____, agree to notify the Nevada County Environmental Health Department prior to modifying my food list, type of operation, product labeling, and/or method of selling, distributing or otherwise providing my CFO products to the consumer or retailers, regardless of whether the product is sold, consigned or given away.

PRINT NAME

SIGNATURE

DATE

OFFICE USE ONLY

Owner No. _____

Facility No. _____

Program Rec No. _____

Amount Received: _____

Date Received: _____

Date of Payment: _____

Invoice No. _____

Payment Type: Cash Credit/Debit Check: Check No. _____ Date of Check: _____

Approved By: _____, REHS

Date: _____



COUNTY OF NEVADA

Environmental Health Department

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617

(530) 265-1222 x3 FAX (530) 265-9854

<http://www.mynevadacounty.com>

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:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	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.

Signature

Dated: _____ CDL# _____

Printed Name

Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____

Check #: _____ Project File #: _____ Billing Code: _____

Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

Service: _____ Program: _____ Job No: _____

DPW #: _____ Project File #: _____ Billing Code: _____

Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____



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**COTTAGE FOOD OPERATIONS
SELF CERTIFICATION CHECKLIST
(Class A and Class B)**

The following requirements are outlined in the Cottage Food Operations (CFO) regulations and are provided as minimum standards of health and safety for the preparation of approved cottage foods in the home.

CFO Business Name: _____ Date: _____

CFO Physical Address: _____ CITY: _____, CA ZIP: _____

CFO Owner Name: _____ Phone No. _____

OFFICE USE ONLY

FA: _____ PR: _____ PE: _____

Facility Requirements:

YES NO

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | The CFO is located in a private dwelling where the CFO operator currently resides | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | All CFO food preparation will take place in the private kitchen within that home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Additional storage used for the CFO will be within the home. | <input type="checkbox"/> | <input type="checkbox"/> |
| | ➤ If YES, is the room used exclusively for storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| | ➤ Specify the room(s) that will be used for storage: _____ | | |
| 4. | Sleeping quarters are excluded from the areas used for CFO food preparation storage. | <input type="checkbox"/> | <input type="checkbox"/> |

Zoning Requirements:

YES NO

- | | | | |
|----|---|--------------------------|--------------------------|
| 5. | I have complied with the applicable zoning requirements for the CFO. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I have attached documentation from the _____ city/county Planning office. | <input type="checkbox"/> | <input type="checkbox"/> |

Employee and Training Requirements:

YES NO

- | | | | |
|----|---|--------------------------|--------------------------|
| 7. | Have all persons preparing or packaging CFO products completed an ANSI approved Food Handlers course? | <input type="checkbox"/> | <input type="checkbox"/> |
| | ➤ If YES, copies of certificates are attached. | <input type="checkbox"/> | <input type="checkbox"/> |
| | ➤ If NO, complete course within 3 months of CFO registration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | The CFO has no more than one (1) full time equivalent employment?
<i>Immediate family or household members are not included.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Labeling Requirements:

YES NO

- | | | | |
|-----|--|--------------------------|--------------------------|
| 9. | Copies of ALL labels have been submitted to this department for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | I understand that my label shall not change without prior approval from this department. | <input type="checkbox"/> | <input type="checkbox"/> |

Sanitation Requirements:**YES NO**

- | | | |
|--|--------------------------|--------------------------|
| 11. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. All food contact surfaces, equipment and utensils used for the preparation, packaging or handling of any CFO products shall be washed, rinsed and sanitized before each use. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects. | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements: *(includes packaging and handling)***YES NO**

- | | | |
|---|--------------------------|--------------------------|
| 14. Hand washing is required immediately prior to handling foods and after engaging in an activity that contaminates the hands such as after using the toilet, coughing or sneezing, eating or smoking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Warm water, hand soap and clean towels are available for hand washing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. All food ingredients used in the CFO products are from an approved source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Potable water shall be used for hand washing, ware washing and as an ingredient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is your water source a private water supply (well, spring, surface)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ If YES, have you completed initial water testing for bacteria, nitrate, nitrite, secondary drinking water standards and fluoride? <i>(attach results)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is your water source a public water system or community services district? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ If YES, what is the name of the system or district? _____ | | |

During the preparation, packaging, handling or selling of CFO products:

- | | | |
|--|--------------------------|--------------------------|
| 20. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Infants, small children (12 years old or younger) or pets are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Smoking is excluded. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Any person with a contagious illness shall refrain from work in the CFO. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Overhead protection (pop-up) will be provided over food during outdoor selling events. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Hand washing shall be provided inside the booth when handing out sample during outdoor selling events. | <input type="checkbox"/> | <input type="checkbox"/> |

By signing below, you are certifying that you meet the requirements of Chapter 11.5, Section 114365 of the California Retail Food Code, as it pertains to Cottage Food Operations. Prior to making any changes, I acknowledge that I must notify Nevada County Environmental Health Department of any intended changes to the above statements and I understand that this permit is nontransferable to another person.

Cottage Food Operator Checklist completed and submitted by:

Owner's Signature

Print Name

Date



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COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH DEPARTMENT
950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
(530) 265-1222 FAX (530) 265-9853 www.mynevadacounty.com**

Nevada County Cottage Food Vendors – Community Event Guidelines

Cal Code 114335 (c) allows the enforcement agency to determine food facility requirements based on the type of food served. The following are guidelines for Cottage Food Operators (CFO) who participate in Community Events such as Farmer’s Markets.

Facility Number: **FA:** _____ } Use these numbers to register with the Event
Permit Number: **PR:** _____ } Coordinator

DBA: _____ Owner/Operator: _____

CFO Address: _____

Contact Phone Number: _____ Email: _____

Review the requirements below and initial where appropriate demonstrating that you agree to comply with the booth requirements.

- ___ Food must be protected from contamination at all times. (samples must be covered)
- ___ A hand washing station is required when giving out samples or direct handling of food items. (5-gallon warm water container with dispensing valve that leaves hands free; liquid pump soap; single-use paper towels and wastewater receptacle)
- ___ A three-stage ware washing system may be required for certain activities. (Contact NCDEH for more information.)
- ___ Handwashing shall be set up prior to any sample preparation or food handling.
- ___ Goods must be stored at least 6 inches from the ground.
- ___ Overhead protection when outdoors is required for all food and food related equipment including hand washing stations.
- ___ When outdoors, durable flooring such as concrete, asphalt, wood or tarp required. (minimize dust)
- ___ Your booth is required to have signage including the name, city, state, and zip code of your operation using at least 3-inch font.
- ___ Only cottage food products may be sold, any additional food or beverage items or food preparation activities will require a separate permit such as a Temporary Food Facility (TFF) permit.
- ___ Participation in Community Events is at the discretion of the Community Event organizer. (fees may apply)

I understand and will comply with the requirements above.

Signed: _____ Date: _____

Official Use Only

REVIEWED

By REHS: _____ Date: _____