



**COUNTY OF NEVADA
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

**CALIFORNIA HOMEMADE FOOD ACT AB 1616 (GATTO)
REGISTRATION / PERMITTING FORM
CLASS A and CLASS B**

CFO Business Name:		Date:	
CFO Physical Address:		CFO City:	CFO ZIP:
Owner Name:	Owner Phone:	Owner Cell:	
Mailing Address (if different):	Mailing City:	Mailing ZIP:	
Email Address:			
Website:			
Assessor Parcel Number:			

1. Categories:

- | | | | |
|--------------------------|-----------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | "Class A" (Direct Sales Only) | <input type="checkbox"/> | "Class B" (Direct & Indirect Sales) |
| PE
1682 | FEE = \$161.22 (renewed annually) | PE
1683 | FEE = \$322.44 (renewed annually) |
| OFFICE
USE | PR#: _____ FA#: _____ | OFFICE
USE | PR#: _____ FA#: _____ |

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). These are food items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness.

3. "Class A" and "Class B" Self Certification Checklist:

- Checklist completed and attached

4. Products:

Please check **ALL** of the items you will be preparing and/or selling.

- | | | | |
|---|--|---|--|
| <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"/> Hard Candy | <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 Food | <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 |
| <input type="checkbox"/> Cookies | <input type="checkbox"/> Fruit Tamales/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 |

**These items must comply with standards described in Part 150 of Title 21 of the Code of Federal Regulations <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150>

Food descriptions:

5. Product Labeling:

Initial if you agree to abide by the following: _____

For detailed labeling information, visit the CDPH website at:
<http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx>.

All cottage food products must be properly labeled in compliance with the Federal, Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 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 operation 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 case a consumer wishes 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.

NOTE: After approval of product labels, labels shall not be changed without prior approval of Nevada County Environmental Health.

Example:

<p>MADE IN A HOME KITCHEN Permit #: 12345 Issued in county: County name</p> <p>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>Net Wt. 3 oz. (85.049g)</p>
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Note: For the “Issued in County” – Identify “NEVADA COUNTY” where you are obtaining approval.

6. Water Source:

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

<input type="checkbox"/> Name of Public Water System or Community Services District:
<input type="checkbox"/> If you use a <u>Private Water Supply</u> ** , identify the source (well, spring, surface, etc.):
<u>Private Water Supply: Initial Water Quality Results</u> Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. Attach water sample lab results. * = (Testing Frequencies for Private Water Systems after initial testing)
<input type="checkbox"/> Bacteriological Test (annual*):
<input type="checkbox"/> Nitrate Test:
<input type="checkbox"/> Nitrite Test:
<input type="checkbox"/> Attach Well Log, if available

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

7. 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.

8. 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 foods 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#.

You can access a list of available food-handler training courses at the following website:

<https://www.ansica.org/wwwversion2/outside/ALLdirectoryListing.asp?menuID=212&prgID=228&prgID1=238&status=4>

9. 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.

10. 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 in a commercial facility if my CFO business exceeds the following gross annual sales figures for the calendar years in the following table:

Calendar Year	Gross Annual Sales
In 2014.....	\$45,000
In 2015 and in subsequent years	\$50,000

11. 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.

12. 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/county Planning Department in which I reside.

13. Owner's Statement:

I, _____, agree to grant access to the Nevada County Department of Environmental Health to conduct an inspection of my cottage food operation (mark one):

"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 Department of Environmental Health 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.

Owner's Signature

Print Name

Date

OFFICE USE ONLY

AMT REC'D _____ DATE REC'D _____
DATE OF PAYMENT _____ PAYMENT TYPE: (1) CASH _____ (2) _____ CHECK (3) _____
CREDIT /DEBIT _____
CHECK# _____ DATE OF CHECK _____ INVOICE# _____
OWNER # _____ FACILITY # _____ PROGRAM REC # _____

DATE APPROVED & BY

Environmental Health Specialist: _____

DATE: _____



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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:		CFO Owner Name:	
CFO Physical Address:		CFO City:	CFO ZIP:
Phone:	FA	PR	PE

Above bold boxes for office use only.

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"/>
a. If YES, is the room used exclusively for storage?	<input type="checkbox"/>	<input type="checkbox"/>
b. Specify the room(s) that will be used for storage? _____		
4. Sleeping quarters are excluded from areas used for CFO food preparation or 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"/>
a. If YES, copies of certificates are attached.	<input type="checkbox"/>	<input type="checkbox"/>
b. If NO, complete course within 3 months of CFO registration.	<input type="checkbox"/>	<input type="checkbox"/>
8. The CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Requirements:

Yes No

9. 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"/>
10. 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"/>
11. 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

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

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

Yes No

18. 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"/>
19. Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>
20. Smoking is excluded.	<input type="checkbox"/>	<input type="checkbox"/>
21. Any person with a contagious illness shall refrain from work in the CFO.	<input type="checkbox"/>	<input type="checkbox"/>
22. Overhead protection (pop-up) will be provided over food during outdoor selling events	<input type="checkbox"/>	<input type="checkbox"/>
23. Hand washing shall be provided inside the booth when handing out samples during outdoor selling events.	<input type="checkbox"/>	<input type="checkbox"/>

Labeling Requirements:

Yes No

24. Copies of ALL labels have been submitted to this Department for review and approval.	<input type="checkbox"/>	<input type="checkbox"/>
25. I understand that my label shall not change without prior approval from this Department.	<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 Department of Environmental Health 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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Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

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

Printed Name

Dated: _____ CDL# _____

Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: CFO Permit - Class Program: _____ Job No: _____

DPW #: _____ 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: _____