

SUTTER COUNTY

DEVELOPMENT SERVICES DEPARTMENT

Building Inspection Code Enforcement Engineering/Water Resources Environmental Health/CUPA

Planning Road Maintenance

Cottage Food Operation

Application for Registration or Permit

Date Paid:	
Amount:	
Check #:	
Receipt #:_	

Cottage Food Name:		_
Cottage Food Address:	City	Zip
Owner's Name:	·	Σίμ
Owner's Mailing Address:	City	Zip
Owner's Telephone:	Owner's Email:	
Food Categories prepared in CFO:		
 □ Baked goods, without cream, custard, or meat fillings, such as breads, biscuits, churros, cookies, pastries, and tortillas □ Candy, such as brittle and toffee □ Chocolate-covered nonperishable foods, such as nuts and dried fruits □ Dried fruit □ Dried pasta □ Dry baking mixes □ Fruit pies, fruit empanadas, and fruit tamales □ Granola, cereals, and trail mixes □ Herb blends and dried mole paste □ Honey and sweet sorghum syrup □ Jams, jellies, preserves, and fruit butter¹ □ Nut mixes and nut butters □ Popcorn and popcorn balls 	 □ Waffle cones and pizelles □ Cotton Candy □ Candied apples □ Confections such as salted of marshmallow bars, choose marshmallow, nuts, and hard combination thereof □ Buttercream frosting, butter buttercream fondant, and gurnot contain eggs, cream, or or or contain eggs, cream, or or contain eggs, cream, or or or contain eggs, crea	colate-covered candy, or any crcream icing, n paste that do ream cheese es mixes

¹ Must comply with the standard described in <u>Part 150 of Title 21 of the Code of Federal Regulations</u> http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150

Menu Items	Ingredients
Must be from approved CFO categories.	All ingredients must be from an approved source.
	Attach additional pages if needed.
Direct Sale Venues	Indirect Sale Venues
Special events, farm stands, farmers markets, et	
May require additional permits from Environmental I	Health. All third-party retailers must be a permitted food facility.
I certify I am the owner of the Cottage Foo	od Operation and will operate facility in accordance with the
State health laws and local ordinances and	d regulations.
Print Name Date	Signature
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Cottage Food Operation	Approved By:
Registration (Class A)	
☐ Permit (Class B)	Environmental Health Specialist Date