



Environmental Health Division
Cottage Food Operation Registration Application
 Email Application to: eh@carson.org

Carson City Health and Human Services
 Environmental Health Division
 900 E Long St Carson City, NV 89706
 Phone: 775-887-2190 x 80029 Gethealthycarsoncity.org

OFFICE USE ONLY
FEES ARE NON-REFUNDABLE
 Date Applied: _____
 Received By: _____



Tell Us Your Opinion!

THESE FORMS ARE NOT YOUR PERMIT . You will received your health permit the once the application is reviewed and approved by the inspector. ALL FIELDS ON THIS FORM MUST BE FILLED IN.

Applicant Information	Applicant First and Last Name:		Applicant Contact Number:		Applicant Email:	
	Applicant Street Address:			City:	State:	Zip:
	Applicant Mailing Address:			City:	State:	Zip:

Business/Vendor Operation Information	Cottage Food Business Name (DBA):					
	Jurisdiction Registration: <i>(Please indicate which counties you would like register within)</i>			CARSON CITY COUNTY		DOUGLAS COUNTY
	Home Farmers Market Farm Stand on Personal Property Swap Meet/Flea Market Transient EVENT such as a church bazaar, garage sale or craft fair Other			<i>*Packaged Food LABELS: Foods packaged for sale off-premises must be labeled in compliance with applicable requirements of 21 U.S.C. § 343(W) AND 9 C.F.R. PART 317 AND 21 C.F.R. PART 101, and must bear the statement, "MADE IN A COTTAGE FOOD OPERATION THAT IS NOT SUBJECT TO GOVERNMENT FOOD SAFETY INSPECTION."</i>		

Required Documentation	<u>Provide the following documentation.</u>					
	Failure to complete these requirements may delay application review processing and approval.					
	1. Thorough list of ALL food items proposed to be sold and include complete cooking recipes with detailed list of ingredients.					
	2. Application(s) for Cottage Food Temporary Event Food Permit.					
	3. Sample label of one recipe that meets all labeling requirements. (A copy of all food labels is not required we only review one label.)					
4. Submit details on the proposed packaging materials to be used for each, multiple, or all recipes.						

Labeling Guidelines	LABELING				
	<p>Food packaging must be affixed with labeling that prominently reads: "MADE IN A COTTAGE FOOD OPERATION THAT IS NOT SUBJECT TO GOVERNMENT FOOD SAFETY INSPECTION."</p> <p>All required labeling information should be printed prominently and conspicuously in English. Print size should be no smaller than one-sixteenth of an inch based on the lower-case letter "o" and must include the following:</p> <ol style="list-style-type: none"> Statement of identity - the common, usual name or descriptive identity of the packaged food item. Net quantity of contents - net weight in ounces, pounds, or grams, or net content in fluid ounces pints, liters, or number of pieces. Ingredient statement - a list of all ingredients, in descending order of predominance by weight. This includes listing all ingredients of an ingredient that contains two or more ingredients. The name and physical address where the product was manufactured, packaged or distributed. Declaration of any food allergen contained in the food, unless the food source is already part of the common or usual name of the product or clearly identified in the ingredient list. 				
<p style="text-align: center;">EXAMPLES ONLY</p>					





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MAKE YOUR PAYMENT ONLINE!
 Scan our QR code to be taken to our
 online payment website.

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Cottage Food Business Name (DBA): _____

Ingredient Restrictions

ALLOWED COTTAGE FOOD ITEMS

- Nuts and nut mixes
- Candies
- Jams, jellies, and preserves
- Baked goods that are not potentially hazardous
- Vinegar and flavored vinegar* (Pg. 3)
- Dry herbs and seasoning mixes
- Dried fruits
- Cereals, trail mixes, and granola
- Popcorn and popcorn balls

Frosting, Garnishes, Fillings or Frostings with Low Sugar Content, MUST NOT CONTAIN ANY OF THE FOLLOWING:

- Cream
- Uncooked Egg
- Custard
- Meringue
- Cream Cheese
- High Risk Food Items such as: Fish, poultry, turkey, chicken, meats, etc.

MUST NOT REQUIRE TIME OR TEMPERATURE CONTROLS FOR FOOD SAFETY.

Understanding & Acknowledgment

I, _____ (Print) AM REGISTERING AS A COTTAGE FOOD OPERATION WHICH IS EXEMPT FROM THE REQUIREMENT FOR A HEALTH PERMIT PURSUANT TO NRS 446, AND I AFFIRM AND ATTEST THE FOLLOWING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PLEASE READ AND INITIAL THE FOLLOWING:

I UNDERSTAND THAT INSPECTIONS WILL NOT BE CONDUCTED IN MY HOME AND THAT I WILL BE SOLELY AND FULLY RESPONSIBLE FOR _____ (INT.) THE SAFETY OF THE FOOD SOLD FROM THIS COTTAGE OPERATION.

I UNDERSTAND THAT I WILL BE FINANCIALLY LIABLE FOR ANY FEES AND/OR COSTS INCURRED BY THE HEALTH AUTHORITY IN REGARD TO ANY _____ (INT.) INVESTIGATION OF FOOD ADULTERATION OR FOODBORNE ILLNESS COMPLAINTS FILED AGAINST MY COTTAGE FOOD OPERATION FOUND TO BE VALID.

I UNDERSTAND THAT COTTAGE FOOD OPERATIONS FOUND TO BE IN VIOLATION OF THE COTTAGE FOOD LAW WILL BE ISSUED AN ORDER _____ (INT.) TO "CEASE AND DESIST" FOOD SALES.

I UNDERSTAND THAT COTTAGE FOOD OPERATIONS MAY ONLY SELL DIRECT TO CONSUMER, AND MAY NOT WHOLESALE TO ANOTHER _____ (INT.) BUSINESS ESTABLISHMENT, AND MAY ONLY SELL PACKAGED FOODS FROM PUBLIC LOCATIONS (NO INTERNET OR PHONE SALES).

I UNDERSTAND THAT ALL FOODS FROM A COTTAGE FOOD OPERATION MUST BEAR A LABEL STATING "MADE IN A COTTAGE FOOD OPERATION _____ (INT.) THAT IS NOT SUBJECT TO GOVERNMENT FOOD SAFETY INSPECTION".

I UNDERSTAND THAT ALL LABELS OF FOODS SOLD FROM A COTTAGE FOOD OPERATION MUST MEET APPLICABLE REQUIREMENTS OF _____ (INT.) 21 U.S.C. § 343(W) AND 9 C.F.R. PART 101.

I HAVE BEEN PROVIDED SAFETY INFORMATION AND LABELING GUIDELINES FOR MY COTTAGE FOOD OPERATION. _____ (INT.)

I UNDERSTAND THAT IF I ADD ANY NEW FOOD PRODUCTS OR FOOD ITEMS TO MY ORIGINALLY APPROVED LIST, I MUST _____ (INT.) OBTAIN APPROVAL FROM THE ENVIRONMENTAL HEALTH DIVISION BEFORE SERVING.

I UNDERSTAND THAT MY COTTAGE FOOD PROFIT SALES CANNOT EXCEED \$35,000. _____ (INT.)

I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements. By signing below, I certify that I am the owner or authorized representative of this business and that all statements made on this application are true to the best of my knowledge.

Owner/Operator Printed Name: _____

Owner/Operator Signature: _____

Date: ____/____/____

OFFICE USE ONLY:

Reviewed on Date: ____/____/____

City Reason for Disapproval:

Application is Approved:

Food submitted for sale does not meet the requirements of Cottage Food Law.

Application is NOT Approved:

Labels submitted do not meet requirements of Cottage Food Law.

Environmental Health Department Official: _____

Business model submitted does not meet the requirements of Cottage Food Law.

Date: ____/____/____

Other: _____

