



NORTHERN NEVADA PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 1001 E Ninth Street, Bldg B, Reno, Nevada 89512
 Telephone (775) 328-2434 • Fax (775) 328-6176
www.NNPH.org

COTTAGE FOOD OPERATION REGISTRATION

BUSINESS INFORMATION (DBA)

BUSINESS NAME (DBA): _____

BUSINESS ADDRESS:

Street _____ City _____ State _____ ZIP _____

BUSINESS CONTACT INFORMATION:

Phone Number _____ Email Address _____

OWNER NAME AND ADDRESS:

Street _____ City _____ State _____ ZIP _____

COTTAGE FOOD OPERATION

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.

PRIMARY SALES LOCATION (e.g., Home, Farmer's Market): _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Nuts/Nut Mixes | <input type="checkbox"/> Candies | <input type="checkbox"/> Jams/Jellies/Preserves |
| <input type="checkbox"/> Vinegar | <input type="checkbox"/> Dry Herbs/Seasonings | <input type="checkbox"/> Cereal/Trail Mix/Granola |
| <input type="checkbox"/> Popcorn/Popcorn Balls | <input type="checkbox"/> Baked Goods (shelf stable) explain: _____ | |
| <input type="checkbox"/> Dried Fruits | _____ | |

PLEASE READ AND INITIAL THE FOLLOWING:

- I understand that inspections will not be conducted and that I will be solely and fully responsible for the safety of the food sold from this Cottage Food Operation. _____ (int.)
- I understand that I will be financially liable for any fees and/or costs incurred by the Health Authority in regard to any investigation of food adulteration or foodborne illness complaints filed against my Cottage Food Operation found to be valid. _____ (int.)
- I understand that Cottage Food Operations found to be in violation of the Cottage Food law will be issued an order to Cease and Desist food sales. _____ (int.)
- I understand that Cottage Food Operations may only sell direct to consumer, and may not wholesale, and may only sell packaged foods from public locations (no internet or phone sales). _____ (int.)
- I understand that all foods from a Cottage Food Operation must bear a label stating **“Made in a Cottage Food Operation that is not subject to government food safety inspection.”** _____ (int.)
- I understand that all labels of foods sold from a Cottage Food Operation must meet applicable requirements of 21 U.S.C. § 343(w) and 9 C.F.R. Part 101. _____ (int.)
- I have been provided safety information and labeling guidelines for my Cottage Food Operation. _____ (int.)
- I have received a copy of the Cottage Food Fact Sheet and Food Safety Guidelines: _____ (int.)

OWNER'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

[] APPLICATION APPROVED [] APPLICATION NOT APPROVED _____ DATE: _____
 NNPH Representative / #