

Shasta County Department of Resource Management

Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001

Telephone (530)225-5787 Fax (530)225-5413

APPLICATION FOR COTTAGE FOOD OPERATION

ALL INFORMATION IN THIS APPLICATION MUST BE KEPT CURRENT IN ORDER TO MAINTAIN YOUR REGISTRATION OR PERMIT.

Operation Type (check one): CLASS A: _____ (Retail only) \$82.92/year CLASS B: _____ (Wholesale/Retail) \$165.83/year

Name of Cottage Food Operator/Owner _____ Phone _____

Business Name _____

Physical Street Address _____ City _____

Mailing Address _____ e-mail _____

Assessor's Parcel Number _____ - _____ - _____

City of Anderson City of Redding City of Shasta Lake Unincorporated area of Shasta County

Owner of residential building _____

Address of building owner _____

Food products prepared (list all) _____

REQUIRED APPLICATION ATTACHMENTS:

- 1. Zoning Approval Documentation. Necessary prior to start of operation.
2. Food labels for all products produced within this operation. See Cottage Food Label handout.
3. Self-Certification Checklist shall be attached for review at the time of application. (Annual recertification)
4. Copy of completed training course shall be submitted at this time or within 90 days. Registration or permit number will be interim until training is complete and documentation is submitted to this office for confirmation.

Water Supply: Public System Name of system: _____

Sewage Disposal: Community Sewer: yes/no _____ On-site Sewage Disposal System: yes/no _____

As the owner of this operation, I certify that should a registration and/or permit number be granted, I shall observe the statutes and regulations pertaining to the operation of this business as may be promulgated. I also agree that the representatives of the Environmental Health Division may make inspections and examine records as allowed by law. By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

Signature _____

Date _____

Date Received _____ By _____

New _____ Date _____

Amount Received _____

Annual Renewal _____ Date _____

Class A _____ Class B _____

Owner change _____ Date _____

Registration # _____

Approved by _____ Date _____

Permit # _____

REGISTRATION AND PERMITS ARE NON-TRANSFERRABLE.