



**CENTRAL NEVADA HEALTH DISTRICT**  
 485 West B Street, Suite 101, Fallon, Nevada 89406  
 Telephone (775) 867-8181  
[www.centralnevadahd.org](http://www.centralnevadahd.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.)

I understand that if I add any additional food products they need to be submitted for review and approval prior to public human consumption: \_\_\_\_\_(int.)

I understand I will need to submit copies of all recipes, packaging materials and any other process information or requirements for the review and approval prior to operating: \_\_\_\_\_(int.)

I understand the State of Nevada Cottage Food Bill SB206 does not allow gross sales to exceed \$35, 000 annually: \_\_\_\_\_(int.)

**OWNER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY:**

[ ] APPLICATION APPROVED [ ] APPLICATION NOT APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_  
 Health District Representative / #