



CENTRAL NEVADA HEALTH DISTRICT

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COTTAGE FOOD OPERATION SELF-CERTIFICATION

(Please print legibly)

DBA Business Name:	Registration #	Date:
Owner Name:	Phone:	E-mail:
Owner's Address:	City:	Zip:
Website (If applicable):	Annual Gross Sale (\$):	

1. By completion and submittal of this form, the cottage food operation: acknowledges NRS 446 requires cottage food products to be sold directly to the end consumer and not for resale and must take place on the cottage food operator's private property, site of manufacture, or at a farmer's market, swap meet, flea market, church bazaar, garage sale or craft fair.

2. Important: Please initial on the line indicating that you have read and are willing to comply with each requirement.

- Foods containing cream, custard, or meat fillings are potentially hazardous and are NOT ALLOWED.
- Only foods that are defined as "non-potentially hazardous" are approved for preparation by a Cottage Food Operation. These foods include items that do not require refrigeration to keep them safe from bacterial growth that could possibly lead to food-borne illness.
- The products must display approved labels that indicate the items are made in a home kitchen.
- Foods containing uncooked egg, meringue or cream cheese frosting, garnishes are NOT ALLOWED.

3. Water Source: Please check what type of water source is being used for your Cottage Food Operation:

- City Water
- Small Public Water System, please provide the name of the system:
- Private Well, please attach updated water sample results (quarterly bacteria and Nitrate results)

4. Food Handling Course:

- Central Nevada Health District strongly encourages all operators to obtain a Food Handlers Certification to enhance their understanding of safe food handling practices, however this is currently not a requirement.

5. Products: Will your menu items, labels, and preparation steps be the same?

- Yes, initial here: _____ . I, _____ (print name here), understand that, as part of this renewal package, all product information is the same as was previously approved. Therefore, no additional menu review is needed.

No, initial here: _____. I, _____ (print name here), intend make the following changes to my menu.

Product Name	Action
_____	<input type="checkbox"/> Adding <input type="checkbox"/> Removing
_____	<input type="checkbox"/> Adding <input type="checkbox"/> Removing
_____	<input type="checkbox"/> Adding <input type="checkbox"/> Removing
_____	<input type="checkbox"/> Adding <input type="checkbox"/> Removing
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_____	<input type="checkbox"/> Adding <input type="checkbox"/> Removing

Use a separate sheet if the provided spaces are not enough to list all the products that will be modified. Provide ingredients, preparation steps, and samples of labels for all products you intend to add to your menu on a separate sheet.

Owner's Statement:

I, _____, agree to grant access to the Central Nevada Health District Environmental Health Services to conduct an inspection of my cottage food operation in the event of a consumer complaint or reported food-borne illness or any other needed/required situation.

I, _____, agree to notify the Central Nevada Health District prior to modifying my food list, type of operation, and/or method of selling, distributing, or otherwise providing my products to consumers or retailers, regardless of whether the product is sold, consigned, or given away.

Owner's Signature

Print Name

Date