



ENVIRONMENTAL MANAGEMENT DEPARTMENT

<http://www.edcgov.us/EMD/>

PLACERVILLE OFFICE:

2850 Fairlane Court
Placerville, CA 95667
(530) 621-5300
(530) 642-1531 Fax

LAKE TAHOE OFFICE:

924 B Emerald Bay Rd.
South Lake Tahoe, CA 96150
(530) 573-3450
(530) 542-3364 Fax

Cottage Food Operation Renewal Form

This form will serve to renew or cancel your El Dorado County Cottage Food Operation registration/permit. Please indicate whether or not you will be renewing. This form may also be used to update information such as your business name, phone number, email, web address, or changes on your labels (attach sample). If you are making any significant changes (e.g. adding product, class change, new address) you must re-apply.

Would you like to renew? **YES** **NO:** Date ceased operation: _____

Name of Business: _____

Owner Name: _____

Address: _____

Identifying number: PR _____ Current classification: Class A Class B

Business website: _____

Any minor changes? _____

Please initial certification below:

_____ I certify that my Cottage Food Operation enterprise does not have more than \$50,000 in gross sales in a calendar year.

_____ I certify that I do not have more than one (1) full-time equivalent (40 hours per week) Cottage Food Employee (paid or volunteer).

_____ I certify that I, or my employee(s), deliver my Cottage Food product to the consumer (or retailer) and that I do not mail or ship my product.

_____ I certify that if I sell my Cottage Food product in another County in California, that I will/have obtained approval from that County.

_____ I certify that my Cottage Food product is not sold in any State except California.

_____ I have completed a food processor course and have attached a copy of my certificate.

_____ I certify that I have a valid food processor certificate or Food Safety Manager Certificate (submit w/form*)

If you cannot certify that the items above are true and correct, please contact this office to discuss.

Signature(s) of Owner(s) – Print to Sign

Date

Please send completed and signed form with your valid certificate to emdinfo@edcgov.us or mail to the address below within 30 days of receipt. If we do not receive this form, your registration/permit will not be renewed and you must cease operation.*