



COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, EH Director

950 MAIDU AVENUE, SUITE #170

P.O. Box 599002

NEVADA CITY, CA 95959

PH: (530) 265-1222

FAX: (530) 470-2939

Env.Health@co.nevada.ca.us

http://mynevadacounty.com

COTTAGE FOOD LABEL SUBMITTAL

Operator Name: _____ Date: _____

Doing Business As: _____ Permit No. _____

Owner Mailing Address (street, city, zip): _____

Email Address: _____ Phone No. _____

Please list labels being submitted below:

1. _____

11. _____

2. _____

12. _____

3. _____

13. _____

4. _____

14. _____

5. _____

15. _____

6. _____

16. _____

7. _____

17. _____

8. _____

18. _____

9. _____

19. _____

10. _____

20. _____

***** Attach a copy of each Cottage Food label listed above as they will appear on your product.*****

All Cottage Food Labels must comply with Federal Food, Drug and Cosmetic Act (21 USC Sec. 343 et seq.) and California Health and Safety Code Section 114365.2. All Cottage Food Labels will be reviewed within ten (10) business days. An email will be sent to the email address provided above confirming the acceptance or rejection of each label submitted. Rejected labels may be resubmitted without a fee. Labels may not be used without prior approval from Nevada County Department of Environmental Health.

By signing below, you are acknowledging having read the above requirements.

PRINT NAME

SIGNATURE

DATE



COUNTY OF NEVADA

Environmental Health Department

950 Maidu Ave., Ste 170, P.O. Box 599002, Nevada City, CA 95959-8617
 (530) 265-1222 x3 FAX (530) 470-2939
<http://www.mynevadacounty.com>

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

 Signature Dated: _____ CDL# _____

 Printed Name Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____
 Check #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

Service: _____ Program: _____ Job No: _____
 DPW #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____