

COUNTY OF ORANGE HEALTH CARE AGENCY ENVIRONMENTAL HEALTH

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COTTAGE FOOD OPERATION REQUEST FOR CHANGE

From time to time all businesses will undergo changes to their operation. For a Cottage Food Operation, this may require proper notification to our Division prior to making a change, and this form highlights those items of concern to this office. Please indicate below the changes you are making. Thank you in advance for your cooperation.

☐ Adding Products* (attach list of products with ingredients and a sample label for each	type added
☐ Changing from Class A to Class B** (Or Class B to Class A)	
☐ Changing business name to:	
☐ Changing phone number or e-mail address to:	
☐ I have received my training certificate (attach a copy)	
☐ Change of address. *You must apply for a new permit/registration. Include your new packet with this form.	application
*You may not add these products to your operation until you have received an approval letter Division.	rom this
**You may not operate as a Class B until you have received an approval letter from this Divis	on.
Current Name of Business:	
Owner Name:	
Address:	
Computer Number: PR	
Signature(s) of owner(s) Date	