



COTTAGE FOOD OPERATION REQUEST FOR CHANGE

Date: _____

Use this form to submit changes to your Cottage Food Operation.

Current Business Name: _____

Owner Name: _____

Registration/Permit #: _____

Address: _____

Phone Number: _____

- Adding Products (attach list of products with ingredients for each type added and a sample label)
- Changing business name to: _____
- Changing phone number or e-mail address to: _____
- I have received my training certificate (attach a copy)

**** Changing from Class A to Class B. **Must apply for a new permit**

**** Change of address. You must apply for a new permit/registration. You may not continue operating until you have received approval from this Department.**

Owner Name

Date

****Changes from a Class A to Class B and changes of address require you to submit a new application and to go through the approval process. Please submit application at www.emdportal.saccounty.net .**