



COTTAGE FOOD OPERATION (CFO) APPLICATION

Business Name: _____

Business Address: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone: _____ Other phone: _____

Owner's e-mail: _____ Website: _____

Operation Information

Yes

No

The CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)

The CFO will make direct sales to customers from the CFO's place of operation?

If the answer is **NO** to both the questions above, please sign this form and submit an application for a City of St. Helena Business License as this is a permitted accessory use. If the answer is **YES** to either of the questions above, please fill out the remainder of the form as you will need an administrative permit from the Planning Department.

Please check one:

- Class A Operation
- Class B Operation

Included with application form:

- Application fee of \$119
- Napa County Authorization Forms
- St. Helena Business License Application
- Other _____

Sales to include (mark all that apply):

- Directly from the CFO
- Community Events
- Farmer's Markets
- Retail Facilities (Class B Only)
- Indirect Sales to Other Operations (Class B Only)
- Other (please specify) _____

Description of Operation:

Description of Operation Continued:

I, _____, hereby file this application for a Cottage Food Operation. I certify that I have received and inspected a copy of all regulations pertaining to the operation of a Cottage Food Operation, and I agree to abide by the rules and regulations contained in the St. Helena Municipal Code and City Council resolutions, as they may be amended from time to time.

In the event the City is required to take legal action to enforce any of the terms and conditions of this application, the property owner(s) agree(s) to pay to City reasonable attorney fees and costs incurred in such action.

I, the applicant, will defend, indemnify and hold the City, its agents, officers, and employees harmless from any claim, action or proceeding to attack, set aside, void or annul an approval of the City concerning the project, as long as the City promptly notifies the applicant of any such claim, action or proceedings and the City cooperates fully in the defense.

I hereby certify that all of the statements made and supporting documentation provided in this application are true, accurate and authentic to the best of my knowledge, information and belief, and further, I understand that knowing and willful misstatements or misrepresentations will result in a denial of the application.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY I have reviewed this application and all documentation submitted with this form and determined this CFO is in substantial compliance with the City of St. Helena Municipal Code, based on the information provided.	
Planning Department	Date
<input type="checkbox"/> Permitted as Accessory Use <input type="checkbox"/> Administrative Permit Issued	<input type="checkbox"/> 300' Neighbor Notification Completed