



Cottage Food Operation Permit Application

Lincoln-Lancaster County Health Department
3131 O Street, Lincoln, NE 68510
402-441-6280

PLEASE PRINT

Applicant Name: _____
 (Last) (First) (Middle Initial)

Home Address: _____
 (Street Number) (Street Name) (City/State/Zip Code)

Home Phone: () _____ **Cell Phone:** () _____

Business Name: _____

Mailing Address: (if different) _____
 (Street Number) (Street Name) (City/State/Zip Code)

Email Address: _____ **Fax:** () _____

Complete List of Foods Prepared: _____

Training: LLCHD FH/FPM Permit Number _____ Expiration Date _____

FM Vendor Workshop Date _____ CFO Training Date _____

- Farmers Market Vendor Yes / No – Name of Market(s) _____
- Pets Yes / No –Types _____
- Private Water Supply Yes / No – Well Permit Number _____
- Seasonal Yes / No – Seasonal Period _____

Permitted Area: _____

Signature of Applicant _____

Date _____

Electronic Funds Transfer Notification: When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Make checks payable to **LLCHD**. Cottage Food Operation Permit Fee is \$30
 Payment must be made in person at LLCHD. Your application will not be processed without payment.

LLCHD OFFICE USE ONLY
Permit Number: HCF _____
Establishment Approved by: _____
Mail / Hand Deliver: _____
Date: _____

LLCHD OFFICE USE ONLY
Date Payment Received: _____
Amount Received: _____
Check Number: _____ CC Ref # _____
Received by: _____ Posted By: _____
<small>Cottage Food Operation Permit Application F/ENV/Private/Food/Cottage Foods</small>