



405 S. 21ST STREET, SPARKS NV 89431 | (775) 353-3601 | www.agri.nv.gov

CRAFT FOOD OPERATION REGISTRATION APPLICATION & QUESTIONNAIRE

BUSINESS INFORMATION

Business Name (DBA):

Owner's Name:

Business Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

CRAFT FOOD OPERATION

I, _____ (Print Name) am registering as a Craft Food Operation which is exempt from the requirement for a health permit to NRS 446, and I affirm and attest the following are true and correct to the best of my knowledge.

PLEASE READ AND INITIAL THE FOLLOWING

INITIAL

I understand that inspections will not be conducted and that I will be solely and fully responsible for the safety of the food product sold from this craft food operation.

I understand that I will be financially liable for any fees and/or costs incurred by the Health Authority in regard to any investigation of food adulteration or food borne illness complaints filed against my craft food operation and found to be valid.

I understand that craft food operations found to be in violation of the craft food law will be issued an order to "cease and desist" food sales.

I understand that craft food operations may only sell direct to consumers, and may not wholesale, and may only sell packaged foods from public locations (no sampling or internet/phones sales).

I understand that all foods sold from a craft food operation must bear a label stating "MADE IN A CRAFT FOOD OPERATION THAT IS NOT SUBJECT TO GOVERNMENT FOOD SAFETY INSPECTION".

I understand that all labels of foods sold from a craft food operation must meet applicable requirements of 21 U.S.C. § 343 (W) and 9 C.F.R. Part 317 and 21 C.F.R. Part 101.

I have been provided food safety information and labeling guidelines for my craft food operation.

I understand that I must follow and use recipes from the sites provided.

I understand that I must maintain processing logs for a period of 5 years.

I understand I must use a pH meter with an accuracy of +0.02 units or better and with at least a 2 point calibration.

I understand I must test the pH on each batch of product.

FEES: **Bring application and fees to testing site (do not mail)**

Registration Fee: \$50.00 Testing Fee: \$30.00

SIGNATURE OF OWNER

PLEASE PRINT NAME OF OWNER

OFFICE USE ONLY

TEST AND APPLICATION REVIEWED ON DATE: _____ BY: _____

APPLICANT PASSED TEST APPLICANT DID NOT PASS TEST