



Operation Name: _____ Date: _____

A. OPERATION DESCRIPTION

1) Please help us understand your organic operation. Describe or attach a description of your organic business or plans including processing and handling activities. Alternately, attach a schematic product flow chart that describes or shows how product is received, stored, handled, processed, packaged, and displayed.

Description attached

2) Type of retail store or restaurant:

Retail Store Cooperative

Regional or national retail chain, number of stores/locations: _____

Independent Restaurant Hotel restaurant Hotel in room dining Catering services

School or Business Cafeteria Regional or national restaurant chain, number of locations: _____

Fees for restaurant certification are determined by number of locations per CCOF Certification Program Manual

Other: _____

3) For retail stores, estimate square footage of areas being certified. For retail chains estimate the average certified area at each location. *Fees for retail certification are determined by square footage or number of locations per CCOF Certification Program Manual*

4) What is the estimated percentage of organic products sold in your store(s) or restaurant(s)?

B. Please review ALL of the following activities to identify the sections of the CCOF Organic System Plan (OSP) that apply to your operation. For each activity that matches your plans or current organic activities please complete the OSP section(s) indicated. You DO NOT need to complete OSP sections that are not applicable to your operation. **You may need to either complete additional OSP forms or retire OSP forms if your activities change in the future.**

Organic Activities:

Fill out these forms:

1) I am applying for CCOF organic retail or organic restaurant certification.	CCOF Certification Application R1.0: Retail / Restaurant Checklist (this form) R2.3: Retail / Restaurant Facility R4.0: Organic Practices R5.0: Record Keeping for Retail / Restaurant Handler Application – Nonagricultural Materials
2) I am requesting certification for a retail department or multiple retail departments (Produce, Bulk, Meat, etc.).	R2.0: Retail Departments
3) I am requesting certification for a restaurant or retail prepared foods department (Deli, Salad Bar, etc.).	R3.0: Restaurant / Prepared Foods
4) I am requesting certification of specific recipes or dishes.	Handler Application – Product Information H2.0: Organic Products H2.0A: Agricultural Ingredients and Suppliers H2.0B: Product Formulation (for each product)
5) I use nonorganic ingredients (other than salt) or processing aids in recipes or dishes that I would like to label as organic.	Handler Application – Product Information H2.0: Organic Products H2.0A: Agricultural Ingredients and Suppliers H2.0B: Product Formulation (for each product) Nonorganic Processing Material Affidavit (if applicable) Natural Flavor Affidavit (if applicable)