



**Public Health Services Branch**

**Environmental Health Division**

**Cottage Food Operation (CFO)**

**REGISTRATION / PERMITTING APPLICATION**

860 N. Bush St. Ukiah, CA 95482 Phone: (707)234-6625 Fax: (707) 463-4038

Business Name:		Date:	
Physical Address:		City:	ZIP:
Owner Name:	Owner Phone:	Owner Cell (optional):	
Mailing Address (if different):	Mailing City:	Mailing ZIP:	
Email Address (optional):			
Website:			

**1. Categories:**

☐ "Class A" (Direct Sales Only)

☐ "Class B" ( Direct & Indirect Sales)

**2. Prohibited Items:**

Foods containing **cream, custard, or meat fillings** are **potentially hazardous** and are **NOT ALLOWED**. Only foods that are defined as "non-potentially hazardous" are approved for preparation by a Cottage Food Operation (CFO). These are food items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness.

**Initial if you agree to abide by the following:** \_\_\_\_\_

**3. "Class A" Self Certification Checklist:**

☐ Checklist completed ("Class A" CFOs Only)

#### 4. **Products:**

*Please check ALL of the items you will be preparing and/or selling.*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Baked Goods (w/o cream, custard or meat)                   | <input type="checkbox"/> Buttercream frosting, icing, fondant &/or gum paste w/o eggs, cream or cream cheese | <input type="checkbox"/> Candied Apples                            | <input type="checkbox"/> Chocolate-covered non perishable foods (like nuts, dried fruit hard candy marshmallow or combinations thereof) |
| <input type="checkbox"/> Confections (like salted caramel, fudge, marshmallow bars) | <input type="checkbox"/> Cotton Candy  | <input type="checkbox"/> Dried or dehydrated fruit &/or vegetables | <input type="checkbox"/> Dried mole paste   |
| <input type="checkbox"/> Dried pasta  | <input type="checkbox"/> Dried vegetable soup mixes  | <input type="checkbox"/> Dry baking mixes                          | <input type="checkbox"/> Fruit pies, fruit empanadas &/or fruit tamales   |
| <input type="checkbox"/> Granola, cereals, &/or trail mixes                         | <input type="checkbox"/> Ground chocolate  | <input type="checkbox"/> Herb blends                               | <input type="checkbox"/> Honey  |
| <input type="checkbox"/> Jams, jellies, preserves &/or fruit butter**               | <input type="checkbox"/> Nut mixes &/or nut butters  | <input type="checkbox"/> Popcorn                                   | <input type="checkbox"/> Vinegar  |
| <input type="checkbox"/> Mustard  | <input type="checkbox"/> Roasted coffee &/or dried tea   | <input type="checkbox"/> Waffle cones &/or pizzelles               | <input type="checkbox"/> Other:   |

\*\*These items must comply with standards described in Part 150 of Title 21 of the Code of Federal Regulations  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150>

Food descriptions:

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#### 5. **Product Labeling:**

**Initial if you agree to abide by the following:** \_\_\_\_\_

For a detailed description, see the CDPH document "[Labeling Requirements for Cottage Food Products](#)." All cottage food products must be properly labeled in compliance with the Federal, Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 343 et seq.) The label must include:

- The words "Made in a Home Kitchen" in 12-point type
- The name commonly used to describe the food product
- The name city, state and zip code of the cottage food operation which produced the cottage food product. If the firm is not listed in the current telephone directory then a street address must also be declared. (A contact phone number or email address is optional but may be helpful for consumers to contact your business.
- The registration or permit number of the cottage food operation which produced the cottage food product and in the case of "Class B" CFOs, the name of the county where the permit was issued.
- The ingredients of the food product, in descending order of predominance by weight, if the product contains two or more ingredients.

- The net quantity (count, weight, or volume) of the food product. It must be stated in both English (pound) units and metric units (grams).
- A declaration on the label in plain language if the food contains any of the eight major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans. There are two approved methods prescribed by federal law for declaring the food sources of allergens in packaged foods: 1) in a separate summary statement immediately following or adjacent to the ingredient list, or 2) within the ingredient list.
- If the label makes approved nutrient content claims or health claims, the label must contain a “Nutrition Facts” statement on the information panel.
  - The use of the following eleven terms are considered nutrient content claims (nutritional value of a food): free, low, reduced, fewer, high, less, more, lean, extra lean, good source, and light. Specific requirements have been established for the use of these terms. Please refer to the [Cottage Food Labeling Guideline](#) for more details.
  - A health claim is a statement or message on the label that describes the relationship between a food component and a disease or health-related condition (e.g., sodium and hypertension, calcium and osteoporosis). Please refer to the [Cottage Food Labeling Guideline](#) for more details.
- Labels must be legible and in English (accurately translated information in another language may accompany it).
- Labels, wrappers, inks, adhesives, paper, and packaging materials that come into contact with the cottage food product by touching the product or penetrating the packaging must be food-grade (safe for food contact) and not contaminate the food.

***Example:***

<p align="center"><b>MADE IN A HOME KITCHEN</b>          Permit #: 12345          Issued in county: County name</p> <p align="center">Chocolate Chip Cookies With Walnuts          Sally Baker          123 Cottage Food Lane          Anywhere, CA 90XXX</p> <p><b>Ingredients:</b> Enriched flour (Wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin and folic acid), butter (milk, salt), chocolate chips (sugar, chocolate liquor, cocoa butter, butterfat (milk), walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.</p> <p><b>Contains:</b> Wheat, eggs, milk, soy, walnuts</p> <p align="center"><b>Net Wt. 3 oz. (85.049g)</b></p>
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Note: For the “Issued in County” – Identify the jurisdiction (city/county) where you are obtaining approval.

## 6. Water Source:

Please identify the water source to be used in Cottage Food Facility (Check one box)

<input type="checkbox"/> Name of Public Water System or Community Services District:
<input type="checkbox"/> If you use a <u>Private Water Supply</u> **, identify the source (well, spring, surface, etc.):
<b><u>Private Water Supply: Initial Water Quality Results</u></b> All testing must be done at a State Certified Laboratory. Then attach lab results or provide name of lab, date & results in space provided next to type of test.
<input type="checkbox"/> Bacteriological Test:

## 7. Disposal of Waste:

Please check what type of treatment is used to dispose of waste

☐ Public Sewer Service

☐ Private Septic System

- In the event of septic system failure or plumbing problem, you are required to notify **Mendocino County Environmental Health Division** immediately.

## 8. Food Processor Course: Initial if you agree to abide by the following:\_\_\_\_\_

**Within 3 months** of being approved to operate by the Environmental Health Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course\*. Proof of completion may be faxed to our Department at **707-463-4038**

\* See CDPH Website for more information:

<http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx>

## 9. Employee: Initial if you agree to abide by the following:\_\_\_\_\_

I understand that I may not have more than one full-time equivalent cottage food employee, not including a family member or household member of the cottage food operator, working within the registered or permitted area of a private home where the cottage food operator resides and where cottage food products are prepared or packaged for direct, indirect, or direct and indirect sale to consumers.

## 10. Gross Annual Sales: Initial if you agree to abide by the following:\_\_\_\_\_

I understand that I will lose my CFO status and will need to become permitted in a commercial facility if my CFO business exceeds the following gross annual sales figures for the calendar years in the following table:

Calendar Year	Gross Annual Sales
In 2014.....	\$45,000
In 2015 and in subsequent years.....	\$50,000

**11. Delivery Limitations:** Initial if you agree to abide by the following: \_\_\_\_\_

I understand that I may accept orders and payments via the internet, mail or phone. However, all "Class A" & "Class B" CFO products must be delivered directly (in person) to the customer. The CFO products may not be delivered via US Mail, UPS, FedEx or using any other indirect delivery method as this is regulated/subject to CDPH registration and state and federal requirements.

**12. Owner's Statement:**

I, \_\_\_\_\_, agree to grant access to the local health department to conduct an inspection of my cottage food operation (mark one):

☐ **"Class A":** In the event of a consumer complaint or reported food-borne illness

☐ **"Class B":** For regular annual facility inspections and in the event of a consumer complaint or food-borne illness

I, \_\_\_\_\_, agree to notify **Mendocino County Environmental Health Division** prior to modifying my food list, type of operation, and/or method of selling, distributing, or otherwise providing my CFO products to the consumer or retailers, regardless of whether the product is sold, consigned, or given away.

\_\_\_\_\_  
*Owner's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY**

AMT REC'D \_\_\_\_\_ DATE REC'D \_\_\_\_\_  
DATE OF PAYMENT \_\_\_\_\_ PAYMENT TYPE: (1) CASH \_\_\_\_\_ (2) \_\_\_\_\_ CHECK (3) \_\_\_\_\_ OTHER  
CREDIT/DEBIT \_\_\_\_\_  
CHECK# \_\_\_\_\_ DATE OF CHECK \_\_\_\_\_ INVOICE# \_\_\_\_\_  
OWNER # \_\_\_\_\_ FACILITY # \_\_\_\_\_ PROGRAM REC # \_\_\_\_\_

APPROVED & BY: \_\_\_\_\_ DATE \_\_\_\_\_