



Division of Environmental Health

100 H Street - Suite 100 - Eureka, CA 95501
 Phone: 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699
 envhealth@co.humboldt.ca.us

COTTAGE FOOD OPERATION (CFO) REGISTRATION / PERMITTING FORM

CFO INFORMATION

Name of Business:	
Owner Name: (person to be permitted)	
Owner E-mail:	Owner Phone:
CFO Physical Address: Street	City & Zip
Mailing Address: Street	City & Zip
CFO Website (if applicable):	

ADDITIONAL INFORMATION REQUIRED

Potable Water Supply: <input type="checkbox"/> Private <input type="checkbox"/> Public	Sewage Disposal: <input type="checkbox"/> Private <input type="checkbox"/> Public	Veteran Exempt: <input type="checkbox"/>
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CATEGORIES

- “Class A” Registration** (direct sales between a CFO Operator and the customer)
- “Class B” Permit** (direct sales and/or indirect sales; where the consumer purchases cottage food products from a permitted third-party retailer). Initial inspection, then one annual inspection per year; except in cases of consumer complaint, where there is suspicion of adulteration or otherwise unsafe food produced, or other violations of the California Retail Food Code (CalCode), Chapter 11.5.

Please complete the following for the categories and check off as it is completed. More information about what is required can be found in the following pages of this packet.

Class A	Class B
<input type="checkbox"/> Class A Self-Certification Checklist (“Class A” CFOs only)	<input type="checkbox"/> Completed “Approved Cottage Foods Checklist”
<input type="checkbox"/> Completed “Approved Cottage Foods Checklist”	<input type="checkbox"/> Copy of the proposed label
<input type="checkbox"/> Copy of the proposed label	<input type="checkbox"/> Water source identified (see page 3)
<input type="checkbox"/> Water source identified (see page 3)	<input type="checkbox"/> Disposal of waste water identified (see page 3)
<input type="checkbox"/> Disposal of waste water identified (see page 3)	<input type="checkbox"/> Read and complete page 4
<input type="checkbox"/> Read and complete page 4	

If paid by Credit Card: Date and amount paid

Confirmation #:

Veteran Exemption verified by:			* FOR OFFICE USE ONLY *		
Permit fee:	<input type="checkbox"/> Cash	Receipt number:	Anniversary/Billing Date:		
\$	<input type="checkbox"/> Check #:.....		OA Initials and date entered:		
Invoice number:		Permit Number:	FA#:		
			PE Code: <input type="checkbox"/> Class A (PE 1661) <input type="checkbox"/> Class B (PE 1662)		
District: <input type="checkbox"/> Arcata <input type="checkbox"/> Mid-County <input type="checkbox"/> South <input type="checkbox"/> North <input type="checkbox"/> Eureka (South) <input type="checkbox"/> Eureka (North)			Approved Program Element Code:		
Approving REHS/EHS Signature:			Signature Date:		
Senior REHS Signature:			Signature Date:		

PROHIBITED ITEMS

Foods containing cream, custard, or meat fillings are potentially hazardous and are **not permitted**. Only foods that are defined as “non-potentially hazardous” are approved for preparation by a CFO. These are food items that do not require refrigeration to keep them safe from bacterial growth that could cause foodborne illness.

CLASS A SELF-CERTIFICATION CHECKLIST

The checklist is attached to this packet. Please complete and turn in only if you are requesting a “Class A” CFO registration.

PRODUCTS

Refer to the supplemental “Approved Cottage Foods Checklist”. Please check **all of the items** that you will be preparing and/or selling.

PRODUCT LABELING

A copy of all proposed labels (or label wording) **must be attached**.

Please note that Division of Environmental Health (DEH) does not approve labels. It is the responsibility of the firm identified on the label to make sure that the information on its label is accurate, truthful, and in compliance with pertinent laws and regulations. For a detailed description, see the CDPH document “Cottage Food Labeling Requirements” located at:

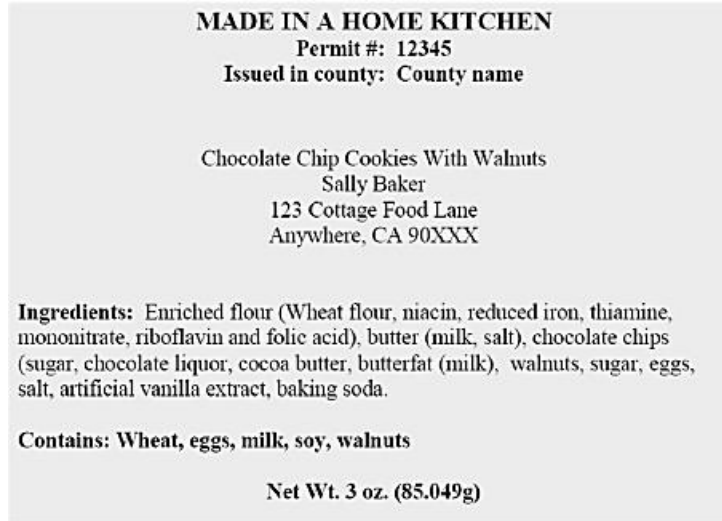
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/CottageFoodOperations.aspx>

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 CFO label must include:

- The words “Made in a Home Kitchen” in 12-point font size.
- 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 e-mail 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 a “Class B” CFO – 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 units (pound) and in metric units (grams).
- A declaration on the label in plain language if the food contains any of the eight major food allergens: milk, eggs, 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:
 - ❖ In a separate summary statement immediately following or adjacent to the ingredient list, or
 - ❖ 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 (i.e. nutritional value of the 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 link listed above for “Labeling Requirements for Cottage Food Products” 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 (i.e. sodium and hypertension, calcium and osteoporosis, etc.). Please refer to the “Labeling Requirements for Cottage Food Products” 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 packing must be food-grade (safe for food contact) and must not contaminate the product.

Example of Product Labeling:



Note: for the "Issued in County" found near the top of the label, identify "Humboldt" as the approved agency.

WATER SOURCE

Identify the water source to be used for the Cottage Food Operation from the following.

- Public Water System or Community Services District** **Name:** _____
- Private Water Supply***. If this option is chosen, please attach a copy of water test results (Bacteriological Test for total and fecal coliform bacteria from a state certified laboratory.

**Note: Additional information will be necessary to demonstrate that the private water supply system will meet the potable water supply requirement. Please complete and attach the "Private Water Supply Supplemental Form". In some cases, an evaluation may be required. A separate fee will be required for the evaluation.*

DISPOSAL OF WASTE WATER

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

- Public Sewer Service** **Private Septic System**. If this option is chosen, please supply the APN**: _____

*** Note: In the event of septic system failure or sewage backup on the Assessor's Parcel Number (APN) provided, you are required to notify Division of Environmental Health Consumer Protection Program immediately.*

For a private septic system, additional information may be needed to verify if the system is adequate in terms of daily flow and waste strength. In some cases, an evaluation may be required to determine adequacy. A separate fee will be required for the evaluation. For more information, contact Division of Environmental Health Land Use Program.

COTTAGE FOOD OPERATOR TRAINING

All persons involved in preparing cottage food must obtain a **Food Handler Card** within 3 months of being approved to operate by the Division of Environmental Health. Please provide proof of completion of the required Food Handler. Proof of completion may be faxed to our office at (707) 441-5699 or e-mailed to ENVHealth@co.humboldt.ca.us. Be sure to include your CFO business name with your submittal.

For more information, see "Cottage Food Operator Training" article on the CDPH website here:
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/CottageFoodOperations.aspx>

EMPLOYEE

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.

GROSS ANNUAL SALES

I understand that I will forfeit my CFO status and must 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 2013	\$35,000
In 2014	\$45,000
In 2015 and subsequent years	\$50,000

DELIVERY LIMITATIONS

I understand that I may accept orders and payments via the internet, mail, or phone. However, all CFO products – whether “Class A” or “Class B” – must be **delivered directly to the customer** in person. **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.**

LOCAL BUILDING AND PLANNING

- I have contacted the local planning and building agency, and obtained necessary approvals.
- I will contact the local planning and building agency, and obtain any necessary approvals.

OWNER'S STATEMENTS

I, _____, agree to grant access to Division of Environmental Health to conduct an inspection of my cottage food operation (mark one):

<input type="checkbox"/> “Class A” In the event of a consumer complaint or reported food-borne illness.	<input type="checkbox"/> “Class B” For initial and annual facility inspections and in the event of a consumer complaint or food-borne illness.
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I, _____, agree to notify Division of Environmental Health 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. CFO permits/registrations are only valid for use by the person and location approved by Division of Environmental Health, and are not transferable.

Name of Business Owner: _____

Signature of Owner: _____ Date: _____