



Division of Environmental Health

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**Cottage Food Operation (CFO)
 Registration / Permitting Form**

Business Name:		Date:	
Owner Name (person to be permitted):		Phone:	Cell:
CFO Physical Address:		City:	Zip:
Mailing Address (if different):		City:	Zip:
Email:		Website:	
Potable Water Supply: <input type="checkbox"/> Private <input type="checkbox"/> Public	Sewage Disposal: <input type="checkbox"/> Private <input type="checkbox"/> Public	<input type="checkbox"/> Veteran Exempt	

1. 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 AB1616, Chapter 415.

If paid by Credit Card: DEH fee paid \$ _____ Date paid: _____ Confirmation # _____

DEH Office Use Only	Veteran Exempt – verified by: _____	O.P. Confirmed by: _____
Class A: <input type="checkbox"/> PE 1661	Class B: <input type="checkbox"/> PE 1662	Permit Fee \$ _____
<input type="checkbox"/> Cash	Check # _____	Receipt # _____
		Received \$ _____
		IN# _____

Approved PE: _____		Recommend For Approval		PT
_____		Signature of Approving REHS / EHS	Signature Date	Anniversary date
_____		Signature of Program Manager	Signature Date	OA Entered Approval / Update Date Initials
District: <input type="checkbox"/> Arcata	<input type="checkbox"/> Eureka / North	<input type="checkbox"/> Eureka / South	<input type="checkbox"/> North	<input type="checkbox"/> South
				FA#

2. 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.

3. “Class A” Self-Certification Checklist:

Checklist completed and attached (for “Class A” CFOs only)

4. Products:

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

I have submitted a complete “Approved Cottage Foods Checklist”.

5. Product Labeling:

A copy of the proposed label or label wording **must be** attached.

Please note that Environmental Health 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 [“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 CFO 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 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, 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 (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 [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, et al). 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 packaging must be food-grade (safe for food contact) and must not contaminate the product.

Example:

<p>MADE IN A HOME KITCHEN Permit #: 12345 Issued in county: County name</p> <p>Chocolate Chip Cookies With Walnuts Sally Baker 123 Cottage Food Lane Anywhere, CA 90XXX</p> <p>Ingredients: 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>Contains: Wheat, eggs, milk, soy, walnuts</p> <p>Net Wt. 3 oz. (85.049g)</p>
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Note: For the “Issued in County:” – Identify “Humboldt” as the approval agency.

6. Water Source:

Identify the water source to be used for the Cottage Food Operation (check one box):

- Name of Public Water System or Community Services District: _____
- If you use a Private Water Supply please attach a copy of water test results from a state certified laboratory as follows:
 - Bacteriological Test (for total and fecal Coliform bacteria)

Additional information will be necessary to demonstrate 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.

7. **Disposal of Waste Water:**

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

Public Sewer Service Private Septic System APN*: -- --

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

We may need additional information to verify the private septic 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.

8. **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 Environmental Health Division. Please provide proof of completion of the required Food Handler. Proof of completion may be faxed to our office at (707) 441-5699. Be sure to include your CFO business name when faxing.

* See CDPH Website for more information: [Cottage Food Operator Training](#).

9. **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.

10. **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:

<u>Calendar Year</u>	<u>Gross Annual Sales</u>
In 2013	\$35,000
In 2014	\$45,000
In 2015 and in subsequent years	\$50,000

11. Delivery Limitations:

I understand that I may accept orders and payments via the internet, mail, or phone. However, all “Class A” and “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. 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.

13. Owner’s Statements:

I, _____, agree to grant access to Division of Environmental Health 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 initial and annual facility inspections and in the event of a consumer complaint or food-borne illness.

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.

Print Name

Business Owner’s Signature

Date