

Application for Cottage Food Operation Registration / Health Permit

Facility Information			
Name of Cottage Food Operation (Business Name):			Date:
Address if CFO Home Kitchen:	City:	State:	Zip:
Owner of Cottage Food Operation:	Owner Phone:	Owner Cell:	
E-mail Address:	Website:		
<p>If adding new item(s) to previously approved food list, please indicate by checking box. Also, you will only need <input type="checkbox"/> to complete the Facility Information section, Food Description section for the new food item(s), provide Product Label(s), and sign the Owner Statement section.</p>			

Billing Information			
Mail to:	Care of:		
Address:	City:	State:	Zip:

Operation Type	
<input type="checkbox"/> "Class A" Cottage Food Operation (Registration)	"Direct Sales" only
<input type="checkbox"/> "Class B" Cottage Food Operation (Health Permit)	"Direct and Indirect Sales" at permitted food facilities

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.

Cottage Food Operation Self-Certification Checklist		
Facility Requirements:	Yes	No
1. The CFO is located in a private dwelling where the CFO operator currently resides.	<input type="checkbox"/>	<input type="checkbox"/>
2. All CFO food preparation will take place in the private kitchen within that home.	<input type="checkbox"/>	<input type="checkbox"/>
3. Additional storage used for the CFO will be within the home.	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, is the room used exclusively for storage?	<input type="checkbox"/>	<input type="checkbox"/>
b. List the room(s) that will be used for storage:	<input type="checkbox"/>	<input type="checkbox"/>
4. Sleeping quarters are excluded from areas used for CFO food preparation or storage.	<input type="checkbox"/>	<input type="checkbox"/>
Facility Requirements:	Yes	No
5. I have complied with the applicable zoning requirements for the CFO.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have attached documentation from the Planning office (If required).	<input type="checkbox"/>	<input type="checkbox"/>
Employee, Training and Health Card Requirements:	Yes	No
7. All persons preparing or packaging CFO products have completed the CDPH food processor or food handler course.	<input type="checkbox"/>	<input type="checkbox"/>
*** If YES, copies of certificated are attached.	<input type="checkbox"/>	<input type="checkbox"/>
*** If NO, I will complete the course within 3 months of CFO registration.	<input type="checkbox"/>	<input type="checkbox"/>

Employee, Training and Health Card Requirements (Continued):			Yes	No
8. The CFO will not have more than 1 full-time equivalent employee. (Immediate family or household members are not included)	<input type="checkbox"/>	<input type="checkbox"/>		
9. All food handlers have obtained a health card issued by the County Public Health Department.	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitation Requirements:			Yes	No
10. All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO products shall be washed, rinsed, and sanitized before each use.	<input type="checkbox"/>	<input type="checkbox"/>		
11. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.	<input type="checkbox"/>	<input type="checkbox"/>		
12. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair.	<input type="checkbox"/>	<input type="checkbox"/>		
Food Preparation Requirements (includes packaging and handling):			Yes	No
13. Hand washing will be performed immediately prior to handling foods and after engaging in any activity that contaminates the hands such as after using the toilet, coughing or sneezing, eating or smoking.	<input type="checkbox"/>	<input type="checkbox"/>		
14. Warm water, hand soap and clean towels are available for hand washing.	<input type="checkbox"/>	<input type="checkbox"/>		
15. All food ingredients used in the CFO products are from an approved source.	<input type="checkbox"/>	<input type="checkbox"/>		
16. Potable water will be used for hand washing, ware washing and as an ingredient.	<input type="checkbox"/>	<input type="checkbox"/>		
During the preparation, packaging or handling of CFO products:			Yes	No
17. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>		
18. Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>		
19. Smoking is excluded.	<input type="checkbox"/>	<input type="checkbox"/>		
Labeling Requirements:			Yes	No
20. A copy of the label for each CFO product has been submitted to this Department for review and approval.	<input type="checkbox"/>	<input type="checkbox"/>		
21. I have attached a sample label(s).	<input type="checkbox"/>	<input type="checkbox"/>		
Water Source:			Yes	No
22. Potable drinking water shall be used during the preparation or as an ingredient in cottage food products. CFO's using a private water supply (well, surface spring, etc.) must provide evidence of potable drinking water including the test results for: Bacteriological test (quarterly), Nitrates (annually), Nitrites (every 3 years) and constituents of concern such as Fluoride or Arsenic (once).				
The source of potable water for CFO kitchen is supplied by a permitted public water system or community service district.	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, what is the name of the water system: _____				

This checklist, along with the required application, and all subsequent fees must be submitted prior to operating. Failure to pay will result in the assessment of a delinquent fee or closure. I declare under penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I have knowledge of, and commit to meet state law and relevant local regulations pertaining to AB 1616. As the Cottage Food Operator, I shall ensure my operation is in compliance with the Cottage Food Operations requirements mentioned in this checklist.

By signing below you are certifying that you meet the requirements of the California Homemade Food Act, AB 1616, as it pertains to a Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify Imperial County Environmental Health of any intended changes to the above statement.

Cottage Food Operator Checklist completed and submitted by:

Owner's Signature

Print Name

Date:

Food Description

Please list all food items you intend to prepare in your home kitchen. California Department of Public Health's approved Cottage Food List can be viewed at <http://www.cdph.ca.gov/programs/Documents/fdbCFOfoodslist.pdf>

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

** All jams, jellies, preserves, and fruit butter 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>

Product Labeling

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 on the cottage food product label.
- The name commonly used to describe the food product.
- The city, state, and zip code of the cottage food operation which produced the cottage food product. If the CFO is not listed in the current telephone directory, then a street address must also be declared.
- The name of the CFO which produced the cottage food product (i.e. business name).
- The registration or permit number of the CFO 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,
 - 2) 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 (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:

MADE IN A HOME KITCHEN
 Permit #: 12345
 Issued in county: County name

Chocolate Chip Cookies With Walnuts
 Sally Baker
 123 Cottage Food Lane
 Anywhere, CA 90XXX

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.

Contains: Wheat, eggs, milk, soy, walnuts

Net Wt. 3 oz. (85.049g)

Note: For the "Issued in County" - Identify the jurisdiction (city/county) where you are obtaining approval.

Owner Statement

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 maximum gross annual sales allowed by state law.

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.

I understand that I am required to obtain an additional health permit if I choose to sell or distribute food made or packaged in my Cottage Food operation at events including holiday bazaars or other temporary events, such as bake sales or food swaps, transactions at farm stands, certified farmers' markets, or through community-supported agricultural subscriptions.

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 even of a consumer complaint of food-borne illness

I, _____ agree to notify **Imperial County 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.

Owner's Signature

Print Name

Date:

Imperial County Public Health Department, Division of Environmental Health
 797 Main Street, Suite B, El Centro CA 92243
 Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org

Environmental Health Use Only

Approved by: _____

Date: _____