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:		

☐ If adding new item(s) to previously approved food list, please indicate by checking box. Also, you will **only** need 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.

Operation Type	
☐ "Class A" Cottage Food Operation (Registration)	"Direct Sales" only
☐ "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.	☐	☐
2. All CFO food preparation will take place in the private kitchen within that home.	☐	☐
3. Additional storage used for the CFO will be within the home.	☐	☐
a. If YES, is the room used exclusively for storage?	☐	☐
b. List the room(s) that will be used for storage:	☐	☐
4. Sleeping quarters are excluded from areas used for CFO food preparation or storage.	☐	☐
Facility Requirements:	Yes	No
5. I have complied with the applicable zoning requirements for the CFO.	☐	☐
6. I have attached documentation from the Planning office (If required).	☐	☐
Employee and Training Requirements:	Yes	No
7. All people preparing or packaging CFO products have completed the food handler course.	☐	☐
*** If YES, copies of certificated are attached.	☐	☐
*** If NO, I will complete the course within 3 months of CFO registration.	☐	☐

Employee and Training (Continued):	Yes	No
8. The CFO will not have more than 1 full-time equivalent employee. (Immediate family or household members are not included)	☐	☐
Sanitation Requirements:	Yes	No
9. 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.	☐	☐
10. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.	☐	☐
11. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair.	☐	☐
Food Preparation Requirements (including packaging and handling):	Yes	No
12. Hand washing will be performed immediately prior to handling food and after engaging in any activity that contaminates the hands such as after using the toilet, coughing, or sneezing, eating or smoking.	☐	☐
13. Warm water, hand soap and clean towels are available for hand washing.	☐	☐
14. All food ingredients used in the CFO products are from an approved source.	☐	☐
15. Potable water will be used for hand washing, ware washing and as an ingredient.	☐	☐
During the preparation, packaging, or handling of CFO products:	Yes	No
16. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen.	☐	☐
17. Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen.	☐	☐
18. Smoking is excluded.	☐	☐
Labeling Requirements:	Yes	No
19. A copy of the label for each CFO product has been submitted to this Department for review and approval.	☐	☐
20. I have attached a sample label(s).	☐	☐
Water Source:	Yes	No
21. Potable drinking water shall be used during the preparation or as an ingredient in cottage food products. CFO's using a private water supply (surface water) must provide bacteriological test results quarterly. Groundwater (well water) to provide nitrate results annually and nitrite results every 3 years .	☐	☐
The source of potable water for CFO kitchen is supplied by a permitted public water system or community service district.	☐	☐
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 am committed to meeting state law and relevant local regulations. 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 California Retail Food Code, as it pertains to a Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify the Imperial County Environmental Health Division of any intended changes to the above statement.

Cottage Food Operator Checklist completed and submitted by:

_____	_____	_____
Owner's Signature	Print Name	Date:

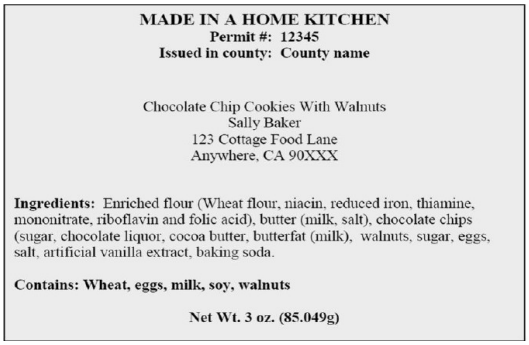
Food Description	
Please list all the food items you intend to prepare in your home kitchen. California Department of Public Health's approved Cottage Food List can be viewed at Approved Cottage Foods List (ca.gov)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
** All jams, jellies, preserves, and fruit butter 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 is 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)

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 event of a consumer complaint of food-borne illness

I, _____ agree to notify **Imperial 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:

Imperial County Public Health Department, Environmental Health Division
1221 W. State St., Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org

Environmental Health Use Only

Approved by: _____ Date: _____