COTTAGE FOOD OPERATIONS (CFO)  
REGISTRATION/PERMITTING FORM  
(CALIFORNIA HOMEMADE FOOD ACT AB 1616 (GATTO))

<table>
<thead>
<tr>
<th>CFO Business Name:</th>
<th>Owner Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFO Physical Address:</td>
<td>CFO City:</td>
<td>CFO Zip:</td>
</tr>
<tr>
<td>Website (If applicable):</td>
<td>Telephone:</td>
<td></td>
</tr>
</tbody>
</table>

1. **Categories:**  
- ☐ “Class A” (Direct Sales Only) $155  
- ☐ “Class B” (Direct & Indirect Sales) $310

2. **Prohibited Items:**  
Initial if you agree to abide by the following: ________  
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. These foods include items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness.

3. **“Class A” Self Certification Checklist:**  
- ☐ Checklist completed (“Class A” CFOs Only)

4. **Products:**  
*Please check the items you will be preparing and/or selling.*

<table>
<thead>
<tr>
<th>☐ Baked Goods</th>
<th>☐ Dried Pasta</th>
<th>☐ Honey</th>
<th>☐ Popcorn/Popcorn Balls</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Candy</td>
<td>☐ Dry Baking Mixes</td>
<td>☐ Mustard</td>
<td>☐ Vinegar</td>
</tr>
<tr>
<td>☐ Churros</td>
<td>☐ Waffle Cones</td>
<td>☐ Dried Grain Mixes</td>
<td>☐ Fruit Butter**</td>
</tr>
<tr>
<td>☐ Buttercream Frosting/Icing*</td>
<td>☐ Buttercream Fondant/Gumpaste*</td>
<td>☐ Flat Icing</td>
<td>☐ Ground Chocolate</td>
</tr>
<tr>
<td>☐ Dried Mole Paste</td>
<td>☐ Herb/Spice Blends</td>
<td>☐ Pizzeles</td>
<td>☐ Jams/Jellies**</td>
</tr>
<tr>
<td>☐ Fruit Empanadas</td>
<td>☐ Fruit Tamales/Pies</td>
<td>☐ Nut Mixes/Nut Butters</td>
<td>☐ Fried or Baked Donuts and Waffles</td>
</tr>
<tr>
<td>☐ Granola/Cereals</td>
<td>☐ Seasoning Salt</td>
<td>☐ Trail Mix/Dried Fruit</td>
<td>☐ Dried Fruit</td>
</tr>
<tr>
<td>☐ Cotton Candy</td>
<td>☐ Candied Apples</td>
<td>☐ Salted Caramel/Fudge</td>
<td>☐ Marshmallows/Marshmallow Bars*</td>
</tr>
<tr>
<td>☐ Dried or Dehydrated Vegetables</td>
<td>☐ Dried Vegetarian-Based Soup Mixes</td>
<td>☐ Vegetable and Potato Chips</td>
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</tr>
<tr>
<td></td>
<td>Sweet Sorghum</td>
<td>Roasted Coffee</td>
<td>Chocolate Covered</td>
</tr>
<tr>
<td></td>
<td>Syrup</td>
<td>(Beans/Grounds)</td>
<td>Nonperishable Food</td>
</tr>
<tr>
<td></td>
<td>Fried or Baked</td>
<td>Dried Hot</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donuts and Waffles</td>
<td>Chocolate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nonperishable</td>
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* Do not contain eggs, cream, or cream cheese
** If preparing jams, jellies or fruit butters, include a list of ingredients (attach separate page if needed). 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](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:

- Submit one example label for one of your CFO products.
- 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:

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.

6. 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 San Joaquin County Environmental Health Department immediately.

7. Water Source:

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

☐ Name of Public Water System or Community Services District:

☐ Private Water Supply**, Identify the source (well, spring, surface, etc.):

Private Water Supply: Initial Water Quality Results

Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. Either attach lab results or provide name of lab, date & results in space provided next to type of test.

*(Testing frequency for transient Non-Community Water Systems after initial testing)

☐ Bacteriological Test (quarterly*):

☐ Nitrate Test (yearly*):

☐ Nitrite Test (every 3 years*):

**Additional information may be required if food is prepared from a home with a private water supply – check with local jurisdiction.

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 Department, please provide proof of completion of the California Food Handler course in lieu of the California Department of Public Health (CDPH) food processor course.

For more information see CDPH website 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. **Delivery Limitation:** 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" and "Class B" CFO products must be delivered directly (in person) to the customer. The CFO products may not be delivered via the United States Postal Service, UPS, FedEx, or using any other indirect delivery method as deliveries are regulated by, and subject to, CDPH registration and state and federal requirements.

11. **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 the San Joaquin County Environmental Health Department 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
OWNER FILE

COMPLETE THE FOLLOWING BUSINESS OWNER INFORMATION:  

Check if Owner currently on file with EHD

<table>
<thead>
<tr>
<th>BUSINESS OWNER'S NAME</th>
<th>PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>MI</td>
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</tbody>
</table>

BUSINESSNAME (If different from Owner Name) Soc Sec or Tax ID #

OWNER'S HOME ADDRESS

| CITY | STATE | ZIP |

OWNER'S MAILING ADDRESS (If different from Owner's Address) Attention or Care of

MAILING ADDRESS CITY |
| STATE | ZIP |

TYPE OF OWNERSHIP:

- CORPORATION
- INDIVIDUAL
- PARTNERSHIP
- LOCAL AGENCY
- COUNTY AGENCY
- STATE AGENCY
- FED AGENCY
- OTHER

FACILITY FILE

FACILITY ID #: CO-OWNER ID #: ACCOUNT ID #:

COMPLETE THE FOLLOWING BUSINESS FACILITY INFORMATION:

Is this a New Business Location or Vehicle not previously regulated by the ENVIRONMENTAL HEALTH DEPARTMENT? YES ☐ NO ☐

Is this an Existing Business Location but a New Type of regulated Business? YES ☐ NO ☐

BUSINESS/FACILITY NAME (This will be the Business Name on the HEALTH PERMIT)

FACILITY ADDRESS (If Facility is a MOBILE FOOD UNIT or FOOD VEHICLE use the COMMISARY ADDRESS) BUSINESS PHONE

<table>
<thead>
<tr>
<th>Street Number</th>
<th>Street Name</th>
<th>Street Type</th>
<th>Suite #</th>
</tr>
</thead>
</table>

CITY (If Facility is a MOBILE FOOD UNIT or FOOD VEHICLE use the COMMISARY CITY) STATE ZIP

BOARD OF SUPERVISOR DISTRICT LOCATION CODE KEY1 KEY2

MAILING ADDRESS for Health Permit (If DIFFERENT from Facility Address) Attention or Care Of

MAILING ADDRESS CITY |
| STATE | ZIP |

SIC CODE: APN #: COMMENT:

ACCOUNT ADDRESS for fees and charges: OWNER ☐ FACILITY/BUSINESS ☐

BILLING AND COMPLIANCE ACKNOWLEDGMENT: I, the undersigned Applicant, certify that I am the Owner, Operator, or Authorized Agent of this Business, and I acknowledge that all PERMIT FEES, PENALTIES, ENFORCEMENT CHARGES and/or HOURLY CHARGES associated with this operation will be billed to me at the address identified above as the ACCOUNT ADDRESS for this site. I also certify that all information provided on this application is true and correct; and that all regulated activities will be performed in accordance with all applicable SAN JOAQUIN COUNTY Ordinance Codes and/or Standards and STATE and/or FEDERAL Laws and Regulations.

APPLICANT'S NAME: SIGNATURE:

TITLE: DATE DRIVER'S LICENSE #: (PHOTOCOPY REQUIRED)

Approved By Date Accounting Office Processing Completed By Date

A PROGRAM (EHD 48-02-034 Pink) or WATER SYSTEM (EHD 46-02-003) form must be completed for each EHD regulated operation at this LOCATION except UST Program (Use SWRCB forms)

EHD 48-02-035 Masterfile Record -Green
11/27/07
SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
MASTERFILE RECORD INFORMATION FORM

☐ New EH Program at Existing Facility  ☐ New EH Program and New Facility

Facility ID  Program Record ID

Facility Address

(Please check the appropriate description and specify size, number of units and pertinent information.)

**FOOD PROGRAM (1600)**
- Restaurant:  Seating Capacity ______  Square Footage ______  Food Handlers Course required:  Yes ☐ No ☐
- Commissary:  □ Dry storage only  □ with Food Preparation  □ Vending Machines  Number of Units ______
- Retail Market:  Square footage ______  □ w/Meat Market only  □ Multiple Departments  □ Prepackaged Goods Only
- Mobile Food Vehicle:  □ Make ____________________  Vehicle Type ____________________  Color ______
  Registration # ____________________  License # ____________________  Sticker # ____________________
- Temporary Food Facility:  □ Make ____________________  Vehicle Type ____________________  Color ______
  Registration # ____________________  License # ____________________  Sticker # ____________________
- Special Event:  Dates of operation from ____________ to ____________  □ Ice Plant  □ Produce Stand
- Employee Housing:  Registration #: _______________  License #: _____________  Capacity ____________  Vehicle #: ____________

- Grade A Dairy  ☐ Grade B Dairy  ☐ Milk Dispenser: -Number of Containers in Multi-Head Unit ______

**CUPA**
- Hazardous Materials Business Plan:  Number of chemicals: ______
- CalARP Program:  □ Program 1 Facility  □ Program 2 Facility  □ Program 3 Facility
- Hazardous Waste Generator:  □ Tons Generated Per Year ______
- Tiered Permitting Facility:  □ CA (2232)  □ CE (2233, 2234, 2235, 2237)  □ PBR (2231)  □ PBR HHW (2236)
- Aboveground Storage Tank Facility (AST):  Number of ASTs ______
- Underground Storage Tank Program (UST):  Use UST A and B forms
- Other CUPA Program

**HOUSING PROGRAM (2400)**
- Hotel/Motel:  □ Number of Units ______  □ Jail or Exempt Institution:  □ Number of Units ______
- Employee Housing (2700):  Use Employee Housing/Labor Camp Application Form

**SITE MITIGATION (2900)**
- Environmental Assessment:  □ UST-CAP Site  □ Local HW Cleanup Site  □ NPL/SEP Cleanup Site  □ UIC Site
- Abandoned HW Site:  □ non-NPL/SEP Cleanup Site  □ RWQCB Cleanup Site  □ Water Quality Remediation Site

**RECREATIONAL HEALTH PROGRAM (3600)**
- Number of Pools/Spas at Facility:  □ Pool  □ Spa  □ Out of Service Pool/Spa  □ Natural Bathing Area

**VECTOR CONTROL PROGRAM (4000)**
- Poultry Farm:  □ Maximum number of birds ______  □ Kennel

**TATTOO, BODY PIERCING, PERMANENT COSMETIC PROGRAM (4100)**
- Body Art Practitioner Reg (4110):  □ Mechanical DSPS Notification (4115)  □ Body Art Facility-Single Use (4120)
- Body Art Facility-Sterilization (4121):  □ Body Art Temp Event Co-ord (4130)  □ Body Art-Temp Event Mobile Facility (4131)

**LIQUID WASTE PROGRAM (4200)**
- Pumper Vehicle:  Registration # ____________________  License # ____________________  Capacity ______  Vehicle # ______
- Pumper Yard:  □ Package Treatment Plant  □ Chemical Toilets:  □ Number of Units ______

**SOLID WASTE PROGRAM (4400)**
- Landfill:  □ Transfer Station  □ Ag/Cannery Waste Site  □ Sludge/Ash Site
- Waste Tire Facility:  □ Compost Facility  □ Process/Recycle Facility  □ CIA Landfill Site
- Refuse Vehicles (# of Units):  □ Dumpsters > 20 cu yd (# of Units) ______  □ Farm/Ranch Cleanup Site

**MEDICAL WASTE PROGRAM (4500)**
- Primary Care:  □ Acute Care  □ Skilled Nursing  □ Large Generator  □ Small Generator  □ Limited Hauler
- Transfer Station:  □ Veterinary Clinic  □ Common Storage Facility 2 - 10 □ 11 - 60 □ > 60 generators

**PUBLIC WATER SYSTEM PROGRAM (4600):**  Use PWS EHD 46-02-003 Blue Application Form

**CONTACT PERSON**

Day Ph __________________  Night Ph __________________

**PROGRAM ELEMENT**

☐ Fee ________  ☐ Surcharge Fee ________  ☐ Other Fee ________

INSPECTOR # __________ PERMIT VALID __________ to __________  ☐ Food Handler

☐ Check # __________ AMOUNT PAID __________ Date __________  ☐ INVOICE # __________

Cash REVIEWED BY ACCOUNTING OFFICE Date

48-02-034  1/23/13