



SAN JOAQUIN COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
1868 East Hazelton Avenue, Stockton, CA 95205-6232
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COTTAGE FOOD OPERATIONS (CFO)
REGISTRATION/PERMITTING FORM
(CALIFORNIA HOMEMADE FOOD ACT AB 1616 (GATTO))

CFO Business Name:

Owner Name:

Date:

CFO Physical Address:

CFO City:

CFO Zip:

Website (If applicable):

Telephone:

1. Categories:

- ☐ "Class A" (Direct Sales Only) \$186 ☐ "Class B" (Direct & Indirect Sales) \$358

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.

- | | | | |
|---|---|---|--|
| ☐ Baked Goods | ☐ Dried Pasta | ☐ Honey | ☐ Popcorn/
Popcorn Balls |
| ☐ Candy | ☐ Dry Baking Mixes | ☐ Mustard | ☐ Vinegar |
| ☐ Churros | ☐ Waffle Cones | ☐ Dried Grain Mixes | ☐ Fruit Butter** |
| ☐ Buttercream
Frosting/Icing* | ☐ Buttercream
Fondant/Gumpaste* | ☐ Flat Icing | ☐ Ground
Chocolate |
| ☐ Dried Mole Paste | ☐ Herb/Spice Blends | ☐ Pizzeles | ☐ Jams/Jellies** |
| ☐ Fruit Empanadas | ☐ Fruit Tamales/Pies | ☐ Nut Mixes/Nut
Butters | ☐ Fried or Baked
Donuts and
Waffles |
| ☐ Granola/Cereals | ☐ Seasoning Salt | ☐ Trail Mix/ Dried Fruit | ☐ Dried Fruit |
| ☐ Cotton Candy | ☐ Candied Apples | ☐ Salted
Caramel/Fudge | ☐ Marshmallows/
Marshmallow
Bars* |

- ☐
- Other _____

** 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>

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 business name, city, state and zip code, County of origin, and registration/permit number of the cottage food operation which produced the cottage food product.
- 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 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 contact 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 of label:

 209 CAKE BAKER Stockton CA ZIP CODE PR#0000000 Issued in: San Joaquin County Chocolate Chip Cookies with Walnuts 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, milk, eggs, soy, walnuts Made in a Home Kitchen Net Wt. 3 oz (85.05g) 
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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. Direct and Indirect sales may be fulfilled in person, via mail delivery, or using any other third-party delivery service throughout the state of California only.

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

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