



**COTTAGE FOOD OPERATIONS (CFO)  
REGISTRATION/PERMITTING RENEWAL FORM**

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) \$486

**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. Products:**

Provide a list of all products you are preparing. If preparing jams, jellies, or fruit butters include a list of ingredients (attach separate page if needed).

Food List:

---

---

---

---

---

**4. Product Labeling:**

Attach **two labels** to this form for two of your CFO products (only one label is required if only one product is made).

**5. Water Source:**

*Please check what type of water source is being used at the CFO:*

☐ City Water

☐ Private Well\*

\*If a private well, attach all updated water sample results (including quarterly bacteria and Nitrate results.)

**6. Food Processor Course:**

Attach food handler certification for owner and each individual that were not submitted with initial application (including family members and/or employees).

**7. 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.

**8. 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*