



**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) \$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.

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Sweet Sorghum Syrup | <input type="checkbox"/> Roasted Coffee (Beans/Grounds) | <input type="checkbox"/> Chocolate Covered Nonperishable Food |
| <input type="checkbox"/> Fried or Baked Donuts and Waffles | <input type="checkbox"/> Dried Hot Chocolate | <input type="checkbox"/> Other_____ |

* 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>

Food Descriptions:

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:

<p>MADE IN A HOME KITCHEN Permit #: 12345 Issued in county: County name</p> <p>Chocolate Chip Cookies With Walnuts Sally Baker 123 Cottage Food Lane Anywhere, CA 90XXX</p> <p>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.</p> <p>Contains: Wheat, eggs, milk, soy, walnuts</p> <p>Net Wt. 3 oz. (85.049g)</p>

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:

Pease 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

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

**SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
MASTERFILE RECORD INFORMATION FORM**

SHADED SECTIONS FOR EHD USE ONLY

OWNER ID #		CASE #	
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OWNER FILE

COMPLETE THE FOLLOWING BUSINESS OWNER INFORMATION:

CHECK IF OWNER CURRENTLY ON FILE WITH EHD

BUSINESS OWNER'S NAME				PHONE:
	<i>First</i>	<i>Mi</i>	<i>Last</i>	
BUSINESS NAME (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 <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	LOCAL AGENCY <input type="checkbox"/>	COUNTY AGENCY <input type="checkbox"/>	STATE AGENCY <input type="checkbox"/>	FED AGENCY <input type="checkbox"/>	OTHER <input type="checkbox"/>
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FACILITY FILE

FACILITY ID #:	Co-OWNER ID #:	ACCOUNT ID #:
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COMPLETE THE FOLLOWING BUSINESS FACILITY INFORMATION:

Is this a NEW Business LOCATION or VEHICLE not previously regulated by the ENVIRONMENTAL HEALTH DEPARTMENT ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this an EXISTING Business LOCATION but a NEW TYPE of regulated Business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 COMMISSARY ADDRESS)	BUSINESS PHONE
<i>Street Number</i> <i>Direction</i> <i>Street Name</i> <i>Street Type</i> <i>Suite #</i>	
CITY (If FACILITY is a MOBILE FOOD UNIT or FOOD VEHICLE use the COMMISSARY 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:

<u>ACCOUNT ADDRESS</u> for fees and charges: OWNER <input type="checkbox"/> FACILITY/BUSINESS <input type="checkbox"/>
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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: <i>Please Print</i>	DRIVER'S LICENSE # (PHOTOCOPY REQUIRED)
DATE	

Approved By	Date	Accounting Office Processing Completed By	Date
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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)

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 # _____
 Mobile Food Prep Unit-- Make _____ Vehicle Type _____ Color _____
Registration # _____ License # _____ Sticker # _____
 Temporary Food Facility --Dates of operation from _____ to _____ **Ice Plant** **Produce Stand**
 Special Event---Dates of operation from _____ to _____ **CFO** **A** **B**

DAIRY PROGRAM (2000)

- Grade A Dairy** **Grade B Dairy** **Milk Dispenser** -Number of Containers in Multi-Head Unit _____

CUPA

- Hazardous Materials Business Plan** (1900) Number of chemicals: _____
 CalARP Program **Program 1 Facility** **Program 2 Facility** **Program 3 Facility**
 Hazardous Waste Generator (2200)-----> - Tons Generated Per Year _____
 Tiered Permitting Facility -----> **CA** (2232) **CE** (2233, 2234, 2235, 2237) **PBR** (2231) **PBR HHW** (2236)
 Aboveground Storage Tank Facility (AST) (2800) Number of ASTs _____
 Underground Storage Tank Program (UST) (2300) 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)

UNDERGROUND INJECTION CONTROL (3000)

- 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

EMERGENCY NOTIFICATION FOR THIS FACILITY AND/OR PROGRAM

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** _____