Environmental Health Division

Cottage Food Operation (CFO)

Registration / Permitting Application

Ukiah Office: 860 N Bush Street
Ph: 707-234-6625

Fort Bragg Office: 752 Franklin Street
Ph: 707-961-2714

enviroh@mendocinocounty.gov

Approved By: _____ Permit Issue Date: _____	**Payment Information:** Date Rec'd: _____ Payment #: _____ Amount Rec'd: _____ Rec'd By: _____

Business Name: _____ Date: _____

Physical Address: _____ City: _____ Zip_____

Name: _____ Phone #: _____

Mailing Address (if different): _____ City: _____ Zip_____

Email Address: _____

Website: _____

1. <u>Category</u>: (See Introductory Letter for a more in-depth description):

☐ Class A (Direct Sales Only) ☐ Class B (Direct & Indirect Sales)

2. <u>Self Certification Checklist</u>:

☐ Checklist Completed and Attached

3. <u>Prohibited Items</u>: **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 (CFO). These are food items that do not require refrigeration to keep them safe from bacteriological growth that could be a cause of food-borne illness.

4. Products:

Please check ALL of the items you will be preparing and/or selling.

☐ Baked Good (**without** cream, custard, or meat)	☐ Buttercream frosting, icing, fondant, and/or gum paste, **without** eggs, cream, or cream cheese.	☐ Candied apples	☐ Chocolate-covered, non-perishable foods (like nuts, dried fruit, hard candy, marshmallow, or combinations thereof)
☐ Confections (like salted caramel, fudge, marshmallow bars)	☐ Cotton Candy	☐ Dried or dehydrated fruit and/or vegetables	☐ Dried mole paste
☐ Dried pasta	☐ Dried vegetable soup mixes	☐ Dry baking mixes	☐ Fruit pies, fruit empanadas, and/or fruit tamales
☐ Granola, cereals, and/or trail mixes	☐ Ground chocolate	☐ Herb blends	☐ Honey
☐ Jams, jellies, preserves, and/or fruit butter**	☐ Nut mixes and/or nut butters	☐ Popcorn	☐ Vinegar
☐ Mustard	☐ Roasted coffee and/or dried tea	☐ Waffle cones and/or pizzelles	☐ Other:

****These items must comply with standards described in Part 150 of Title 21 of the code of Federal Regulations:**
https://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". 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
- 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 units (pounds) and metric units (grams).
- A declaration on the label in plain language if the food contains any of the nine major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, soybeans, and sesame. There are two approved methods prescribed by Fed-eral Law for declaring the food sources of allergens in packaged foods: 1) In a separate summary statement imme-diately 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 Guidelines for more de-tails.
    - A health claim is a statement or message on the label that describes the relationship between a food compo-nent and a disease or health-related condition (i.e. sodium and hypertension, calcium and osteoporosis). Please refer to the Cottage Food Labeling guidelines for more details.
- Labels must be in English and legible. 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 food packaging **must** be food-grade (safe for food contact) and not contaminate the food.

Below is an example of a Cottage Food Label. Note that for the "Issued in County", identify the jurisdiction (City and County) where you are obtaining your approval:

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)

☐ **Attached a sample label for <u>each</u> Cottage Food product you intend to sell**

6. Water Source: Please identify the water source to be used in your Cottage Food facility:

☐ **Public Water System or Community Services District**: _____

☐ **Private Water Supply**** (identify the source—well, spring, surface, etc): _____

****Private Water Supply - Initial Water Quality Results**

All testing must be done at a State Certified Laboratory. We require results for the following water sample tests:

Total Coliform, E-Coli, Nitrates, and Nitrites. Attach lab results to this document.

☐ **Water Test Results Attached**

7. Disposal of Waste: Please identify 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 problems, you are required to notify Mendocino County Environmental Health immediately.

8. Food Processor Course: **Initial if you agree to abide by the following: _____**

Within 3 months of being registered or permitted, and every three years during operation, any person who prepares or packages Cottage Food must complete a food processor course. Please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. Proof of completion can be emailed to Enviroh@mendocinocounty.org, or mailed to our office. See the CDPH website for more information.

9. Employees: **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 or indirect sales to consumers.

10. Gross Annual Sales: **Initial if you agree to abide by the following: _____**

The Cottage Food Operation (CFO) allows for an adjusted gross annual sales limit based on the California Consumer Price Index (CPI). The California Retail Food Code Section below is the reference. As the CPI percent changes annually this information will be updated:

Effective Year	Based on average adjustment rate of CPI	Consumer Price Index Percent	CFO Class A: Total Sales Allowance	CFO Class B: Total Sales Allowance
January 1, 2023	2021—2022	7.3	$80,475	$160,950

11. Authorized Sales: **Initial if you agree to abide by the following: _____**

A **Class A CFO** is authorized to engage in **direct sales** of cottage food products throughout the State. A **Class B CFO** is authorized to engage in both **direct sales** and **indirect sales** of cottage food products throughout the State.

Please Note: To participate as a vendor in community events, such as Farmer's Markets, fairs, or festivals, you must obtain a Temporary Food Facility Permit or Annual Three or More Event Permit, in addition to this Cottage Food Operation Registration/Permit.

12. Operational Requirements for CFOs: **Initial if you agree to abide by the following: _____**

- CFO preparation, packaging, or handling may not occur in the home kitchen at the same time as any other domestic activities, including family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning, or guest entertaining.
- Infants, small children, or pets may not be in the home kitchen during the preparation, packaging, or handling of any cottage food products.
- Kitchen equipment and utensils used to produce cottage food products must be cleaned and maintained in good repair.
- All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any cottage food products must be washed, rinsed, and sanitized before each use.
- All food preparation, and food and equipment storage areas, must be vermin-free.
- Smoking is prohibited in the areas of a private home used for the preparation, packaging, storage, or handling of cottage food products, related ingredients, equipment, or both, while cottage food products are being prepared, packaged, stored, or handled.

13. 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 reported food-borne illness

I, _____, agree to notify **Mendocino 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

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Self Certification Checklist

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Cottage Food Operation—Self Certification Checklist

The following requirements are outlined in the Cottage Food Operations (CFO) regulations and are provided as minimum standards of health and safety for the preparation of approved cottage foods in the home.

CFO Business Name: _____

CFO Owner Name: _____

CFO Physical Address: _____

CFO City: _____ CFO Zip Code: _____

_____ _____ _____ _____

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. Specify the room(s) that will be used for storage: _____		
4. Sleeping quarters are excluded from areas used for CFO food preparation or storage:	☐	☐

ZONING 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. Have all persons preparing or packaging CFO products completed the CDPH food processor course:	☐	☐
a. If YES, copies of certificates are attached:	☐	☐
b. If NO, complete course within 3 months of CFO registration		
8. The CFO has no more than 1 full time equivalent employee? (Immediate family or household members are not included)	☐	☐

SANITATION REQUIREMENTS	**YES**	**NO**
9. Kitchen equipment and utensils used to produce CFO products are clean and maintained In a good state of repair:	☐	☐
10. 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:	☐	☐
11. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects:	☐	☐

FOOD PREPARATION REQUIREMENTS (Includes packaging and handling)	**YES**	**NO**
12. Handwashing is required immediately prior to handling foods 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 handwashing:	☐	☐
14. All food ingredients used in the CFO products are from an approved source:	☐	☐
15. Potable water shall be used for handwashing, ware washing, and as an ingredient:	☐	☐
16. Is your water source a private water supply (well, spring, surface)?	☐	☐
a. If YES, have you completed and attached testing for bacteria, nitrate & nitrite?	☐	☐
17. Is your water source a public water system or community services district:	☐	☐
a. If YES, what is the name of the system or district: _____		
During the preparation, packaging, or handling of CFO products:		
18. Domestic activities such as family meal preparation, dishwashing, clothes washing or Ironing, kitchen cleaning, or guest entertainment are excluded from the kitchen:	☐	☐
19. Infants, small children (younger than 12 yrs old), and pets, are excluded from the kitchen:	☐	☐
20. Smoking is excluded:	☐	☐
21. Any person with a contagious illness shall refrain from work in the CFO:	☐	☐

LABELING REQUIREMENTS	**YES**	**NO**
22. A copy of the label has been submitted to this department for review and approval:	☐	☐
23. I have attached a sample label for each product I intend to sell:	☐	☐

By signing below you are certifying that you meet the requirements of the California Homemade Food Act, AB 1616 (Gatto), as it pertains to the Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify Mendocino County Environmental Health Division of any intended changes to the above statements:

Cottage Food Operator Checklist Completed and Submitted By:

Owners Printed Name: _____ Date: _____

Owners Signature: _____