

DEPARTMENT OF PUBLIC HEALTH Division of Environmental Health

COTTAGE FOOD OPERATION (CFO) REGISTRATION / PERMITTING FORM

Please Print					
CFO Business Name:			Date	Date:	
CFO Addre	CFO Address:		CFO City:		CFO ZIP:
Owner Nam	Owner Name: Ow		rner Phone: Owner 0		Cell:
Mailing Add	ress (if different):	Ma	iling City:		Mailing ZIP:
Email Address:			Website:		
Contact Pe	Contact Person Name:		Contact Person Phone:		
☐ "Class	A" (Direct Sales Only) PE	E0170	"Class B" (Direct &	Indirect Sa	ales) PE0171
2. <u>Prohibited</u>	<u>Items</u>	Initial if	ou agree to abic	de by the f	ollowing:
foods that are d Health (CDPH) li Non-potentially h	g cream, custard, or me efined as "non-potentiall st of approved foods are azardous foods are food hat could be a cause of	y hazardous" approved for items that do	and listed on the C preparation by a not require refrige	alifornia De Cottage Fo	epartment of Public ood Operation (CFC
3. Products	items you will be prepai	ing and/or sell	ina		
Baked G	<u> </u>		∏ Honey		Popcorn
☐ Candy	☐ Dry Baki	ng Mixes	☐ Mustard		Vinegar
☐ Churros	☐ Fruit But	ter*	☐ Tortillas		Waffle Cones
☐ Dried Mo	ole 🔲 Herb/Spi	ce Blends	☐ Pizzelles		Jams/Jellies*

Chocolate	☐ Fruit Tamales	Nuts/Nut Mixes	Dried Fruit
☐ Fruit Empanadas	☐ Chocolate Covered Non-perishable Food	☐ Dried Tea	☐ Roasted Coffee
☐ Granola/Cereals	☐ Sweet Sorghum Syrup	☐ Fruit Pies	☐ Trail mix
■ Nut Butters	Other:		
			_
*Jams/Jellies/Fruit Butters ar	e subject to the requirements set forth	in Part 150 of Title 21 of the	Code of Federal Regulations.
Food decementions			
Food descriptions:			
rood descriptions:			
Food descriptions:			
Food descriptions:			
Food descriptions:			

4. Product Labeling

Initial if you agree to abide by the following:

Labels must include the required information noted below and be consistent with CDPH requirements.

- The words "Made in a Home Kitchen" or "Repackaged in a Home Kitchen," as applicable, with a
 description of any purchased whole ready-to-eat product not used as an ingredient in 12-point type
 on the cottage food product's primary display panel.
- The name commonly used for the food product or an adequately descriptive name.
- The name and city, state, zip code of the cottage food operation. *Street address required if **not** listed in a phone directory.
- The registration or permit number of the "Class A" or "Class B" cottage food operation
- The name of the county of the local enforcement agency that issued the permit number:
 Merced County.
- The ingredients of the cottage food product in descending order of predominance by weight, if the product contains two or more ingredients
- A declaration on the label in plain language if the food contains any of the major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans. There are two approved methods:
 - 1) In a separate summary statement immediately following or adjacent to the ingredient list
 - 2) Within the ingredient list

MADE IN A HOME KITCHEN Permit # 1234

Chocolate Chip Cookies

Jane Smith, 123* Somewhere St., Merced CA, 12345 Merced County

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), soy lecithin, walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.

Contains: Wheat, eggs, milk, soy, walnuts Net Wt. 3 oz

5. <u>Self-Certification Checklist</u>	
☐ Checklist completed	
6. Water Source Please check what type of water source serv	ves in the Cottage Food Operation.
Public Water System Name of system:	Private Well* or Other**
**Additional forms and water testing may be source. Inspection of the well may also be r	e required if food is prepared from a home with a private wate required.
7. <u>Disposal of Waste</u> Please check what type of treatment is used	to dispose of waste.
☐ Public Sewer Service	☐ Private Septic System
In the event of a septic system failure or pl Merced County Division of Environmental	lumbing problems, you are required to notify Health (MCDEH) immediately.
8. Food Processor Course	Initial if you agree to abide by the following:
of completion of the required California Dep	rate by the Environmental Health Division, please provide properture of Public Health (CDPH) food processor course. The

In 2013\$35,000

11. Owner's Statement

I,, agre	e to grant access to the M	lerced County Divisi	on of Environmental Health		
to conduct an inspection of my co	ottage food operation's pri	mary domestic resid	dence (mark one):		
"Class A": In the event consumer complaint or food-borne illness	reported and		l annual inspections, nsumer complaint or		
I,, agree to notify Merced County Division of Environmental Health prior to making changes to 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 or not the product is sold, consigned or given away. Signature of Owner:					
Signature	Prin	nt Name	 Date		
OFFICE USE ONLY					
PAYMENT TYPE: (1)CASH	CHECKIN	CREDIT/DEBIT VOICE#			
APPROVE	ED BY	_	DATE		