



**DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health**

**COTTAGE FOOD OPERATION (CFO)
REGISTRATION / PERMITTING FORM**

Please Print

CFO Business Name:		Date:
CFO Address:	CFO City:	CFO ZIP:
Owner Name:	Owner Phone:	Owner Cell:
Mailing Address (if different):	Mailing City:	Mailing ZIP:
Email Address:	Website:	
Contact Person Name:	Contact Person Phone:	

1. Categories

- "Class A" (Direct Sales Only) PE0170 "Class B" (Direct & Indirect Sales) PE0171

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" and listed on the California Department of Public Health (CDPH) list of approved foods are approved for preparation by a Cottage Food Operation (CFO). Non-potentially hazardous foods are food items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness.

3. 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 |
| <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"/> Fruit Butter* | <input type="checkbox"/> Tortillas | <input type="checkbox"/> Waffle Cones |
| <input type="checkbox"/> Dried Mole | <input type="checkbox"/> Herb/Spice Blends | <input type="checkbox"/> Pizzelles | <input type="checkbox"/> Jams/Jellies* |

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Chocolate | <input type="checkbox"/> Fruit Tamales | <input type="checkbox"/> Nuts/Nut Mixes | <input type="checkbox"/> Dried Fruit |
| <input type="checkbox"/> Fruit Empanadas | <input type="checkbox"/> Chocolate Covered
Non-perishable Food | <input type="checkbox"/> Dried Tea | <input type="checkbox"/> Roasted Coffee |
| <input type="checkbox"/> Granola/Cereals | <input type="checkbox"/> Sweet Sorghum Syrup | <input type="checkbox"/> Fruit Pies | <input type="checkbox"/> Trail mix |
| <input type="checkbox"/> Nut Butters | <input type="checkbox"/> Other: _____ | | |

*Jams/Jellies/Fruit Butters are subject to the requirements set forth in [Part 150 of Title 21 of the Code of Federal Regulations](#).

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. Self-Certification Checklist

Checklist completed

6. Water Source

Please check what type of water source serves in the Cottage Food Operation.

Public Water System

Private Well* or Other**

Name of system: _____

***Additional forms and water testing may be required if food is prepared from a home with a private water source. Inspection of the well may also be required.*

7. 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 a septic system failure or plumbing problems, you are required to notify Merced County Division of Environmental Health (MCDEH) immediately.

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 Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. The website for CDPH is <http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx>.

Proof of completion may be faxed to the MCDEH at (209) 384-1593.

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 operation, 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. Gross Annual Sales

Initial if you agree to abide by the following: _____

I understand that I will lose my CFO status and will need to become permitted within a commercial facility if my CFO business exceeds the following gross annual sales figures for the calendar years indicated in the following table:

Calendar Year	Gross Annual Sales
In 2013	\$35,000
In 2014	\$45,000
In 2015 and in subsequent years.....	\$50,000

11. Owner's Statement

I, _____, agree to grant access to the Merced County Division of Environmental Health
(Print Name)
to conduct an inspection of my cottage food operation's primary domestic residence (mark one):

"Class A": In the event of a consumer complaint or reported food-borne illness

"Class B": For initial and annual inspections, and in the event of a consumer complaint or food-borne illness

I, _____, agree to notify Merced County Division of Environmental Health prior to
(Print Name)
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

Print Name

Date

OFFICE USE ONLY

AMT REC'D _____ DATE OF PAYMENT _____
PAYMENT TYPE: (1) _____ CASH (2) _____ CHECK (3) _____ CREDIT/DEBIT
CHECK# _____ DATE OF CHECK _____ INVOICE# _____
OWNER # _____ FACILITY # _____ PROGRAM REC # _____

APPROVED BY

DATE