



County of Yolo

Department of Community Services

Environmental Health Division
 292 W. Beamer Street, Woodland, CA 95695
 Phone: 530-666-8646 | Email: ehhealth@yolocounty.gov

COTTAGE FOOD OPERATOR (CFO) REGISTRATION / PERMITTING FORM

Business Name:		Date:	
Physical Home Address:	City:		Zip:
Owner Name:		Phone #:	
Mailing Address:	City:		Zip:
Email Address:			
Website:			

1. Categories:

- Class A (direct sales) Class B (direct and indirect sales)

2. Prohibited Items:

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 bacterial growth that could be a cause of food-borne illness. **Initial if you agree to abide by the above:** _____

3. Products: *Please check all items you will be preparing and/or selling.*

BAKED GOODS WITHOUT CREAM, CUSTARD, OR MEAT FILLINGS

Examples: Bagels * Baklava * Biscuits * Bread * Brownies * Buns * Cake * Churros * Coconut Macaroons * Cookies * Crackers * Cupcakes * Donuts (fried or baked) * Empanadas (fruit only) * Flatbreads * Fruit, Nut, or Seed Bars * Macarons (with approved Buttercream) * Muffins * Pastries * Pies (fruit only) * Pizelles * Quick Breads * Samosas (fruit only) * Tamales (fruit only) * Tarts * Tortillas * Torts * Waffles (fried or baked)

Date Rec'd:	FA:	Chk/CC:	Receipt #:	PE:	Approved by:
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CANDY AND CONFECTIONS

Examples: Brittles * Candied Apples * Candied Popcorn (balls, caramel, chocolate) * Carmels * Cotton Candy * Chocolate-Covered Non-Perishables including: marshmallows, nuts, candy, dried fruit, potato chips, or any combination * Edible Dessert Sprinkles including: sanding and crystalized sugars, non-pareils, confetti, sequins, dragees, sugar-shapes, sugar-strands (jimmies), comfits, mini- chocolates, and pralines* Freeze-Died Candies * Fudge * Ground Chocolate * Hard Candy * Marshmallow Bars * Marshmallows that do not contain eggs * Popcorn Balls * Salted Caramels * Spiced Sugars * Toffee

DRIED, DEHYDRATED AND FREEZE-DRIED FOODS

Examples: Baking Mixes * Bean Soup Mixes * Cereals * Coffee (roasted or freeze-dried) * Fruit * Fruit Powders * Fruit Roll-Ups * Grain Mixes * Granola * Ground Chocolate * Herbs and Herb Blends * Hot Chocolate Mix * Mole Paste * Pasta * Popcorn * Potato Chips * Seasoning Salt * Spice Mix or Rubs * Tea * Trail Mixes * Vegetables * Vegetable Chips * Vegetable Soup Mixes

FROSTINGS, ICINGS, FONDANTS, AND GUM PASTES THAT DO NOT CONTAIN EGGS[†], CREAM, OR CREAM CHEESE

Examples: Buttercream - traditional, vegan, and chocolate * Fondant - regular and chocolate * Flat Icing * Gum Paste with pasteurized eggs * Edible Images * Sugar Glazes * Vegan Gum Paste

[†]*Frostings and Icings made with meringue powder, powder eggs, or pasteurized eggs are allowed.*

VANILLA EXTRACT CONTAINING AT LEAST 70 PROOF VODKA OR BOURBON

HONEY AND SORGHUM SYRUPS

FRUIT BUTTERS, JAMS, JELLIES, AND PRESERVES THAT COMPLY WITH [Part 150 of Title 21 of the Code of Federal Regulations](#). The purpose of the regulation is to maintain the integrity of the food and ensure consumers know what product they are receiving. The regulation establishes labeling requirements and limits the ingredients that may be used when producing these foods. Cottage Food Operations cannot use any ingredient not listed in 21 CFR Part 150, including low-acid ingredients such as peppers to create pepper jelly. Use of a low-acid ingredient may cause the formation of the botulism toxin in the product if proper controls are not used.

NUTS, NUT MIXES, AND NUT BUTTERS

PROTEIN POWDER SHAKE MIXES MADE FROM MANUFACTURED INGREDIENTS

□ VINEGARS AND MUSTARDS

Examples: Mustards without eggs * **Vinegars** * **Fruit-Infused Vinegars using only high- acid fruit** such as: apple, blackberry, blueberry, cherry, crabapple, cranberry, grape, gooseberry, grapefruit, huckleberry, kumquat, lemon, lime, loganberry, nectarine, orange, peach, plum, pineapple, pomegranate, quince, raspberry, strawberry, tomatillo, youngberry

3. Product Labeling

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:

- The words “Made in a Home Kitchen” or “Repackaged in a Home Kitchen” in **12pt font**
- The name commonly used to describe the food product
- The business name, city, state, and zip code of the cottage food operation which produced the cottage food product.
- 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.

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)

- Whenever a cottage food product is served without packaging or labeling in a permitted retail food facility or is used as an ingredient in a preparation of a food in retail food facility including restaurants, bakeries, or delis, the retail customer must be notified that the food product or the ingredient in the food was processed in a CFO home kitchen.

4. Water Source: Please identify the source of your water (check box)

Name of Public Water System or Community Services District (e.g., City of Davis):

If you use a Private Water Supply** identify the source (e.g., Well): _____

✓ *Initial water results will be required. All water tests must be done at a State Certified Laboratory and results submitted to YCEH.*

Bacteriological Test (*quarterly*)

Nitrate Test (*yearly*)

Nitrite (*every 3 years*)

**Additional information will be required if food is prepared from a home with a private water supply including applying for a Cal Code permit with YCEH.

5. Disposal of Liquid Waste Source:

Public Sewer Service (e.g., City of Davis)

Private Septic System (*in the event of septic system failure or plumbing problem, you are required to notify YCEH immediately*).

6. Food Processor Course:

Within 3 months (90 days) of being approved to operate by YCEH, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. Proof of completion can be emailed to environmental.health@yolocounty.gov.

Initials _____

7. Employee:

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 operate resides and where cottage food products are being prepared or packaged for direct or direct and indirect sales to consumers.

Initials _____

8. Gross Annual Sales:

I understand that I will lose my CFO status and will need to become permitted in a commercial facility if my CFO business exceeds the following gross annual sales:

<u>Type</u>	<u>Annual Gross Sales</u>
“Class A”	\$75,000
“Class B”	\$150,000

Initials _____

9. Delivery Limitations:

I understand that I may accept orders and payments via the internet, mail or phone. All “Class A” and “Class B” CFO products may be delivered directly (in person) to the customer or the CFO products may be delivered via US Mail, UPS, FedEx or any other third-party delivery method service.

Initials _____

10. Owner’s Statement:

I agree to grant access to YCEH to conduct an inspection of my cottage food operation.

“Class A”

In the event of a consumer complaint or reported food borne illness.

“Class B”

Regular annual facility inspections and in the event of a consumer complaint or food borne illness.

I agree to notify YCEH 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

Date

COTTAGE FOOD OPERATION SELF CERTIFICATION FORM

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

Facility Requirements:

Yes No

- | | | |
|------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The CFO is in a private dwelling where the CFO operator currently resides. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All CFO food preparation will take place in the private kitchen within that dwelling. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Additional storage used for the CFO will be within the home. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, is the room used exclusively for storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Specify the room(s) that will be used for storage: _____ | | |
| 4. Sleeping quarters are excluded from areas for CFO food preparation or storage. | <input type="checkbox"/> | <input type="checkbox"/> |

Zoning Requirements:

Yes No

- | | | |
|--------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. I have complied with the applicable zoning requirements for the CFO. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have attached documentation from the Planning Office (if required). | <input type="checkbox"/> | <input type="checkbox"/> |

Employee and Training Requirements:

Yes No

- | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have all persons preparing or packaging CFO products completed the CDPH food processor course? | <input type="checkbox"/> | <input type="checkbox"/> |
| A. If YES, copies of certifications are attached. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If NO, complete course within 3 months of CFO registration. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The CFO has no more than 1 full-time equivalent employee (immediate family or household members are not included). | <input type="checkbox"/> | <input type="checkbox"/> |

Sanitation Requirements:

Yes No

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects. | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements (includes packaging and handling):

Yes No

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Hand washing is required immediately prior to handling foods and after engaging in any activity that contaminates the hands such as after using the toilet, coughing, sneezing, eating, or smoking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Warm water, hand soap, and clean towels are available for hand washing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All food ingredients used in the CFO products are from an approved source. | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4. Potable water shall be used for hand washing, ware washing | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your water source a private water supply (i.e., well)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, have you completed testing for bacteria, nitrate, and nitrite? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your water source a public water system or community services district? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, what is the name of the system or district? (i.e., City of Davis) | | |

Labeling Requirements:

- | | Yes | No |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. A copy of the label has been submitted to this department for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have attached a sample label. | <input type="checkbox"/> | <input type="checkbox"/> |

During the preparation, packaging, or handling of CFO products, domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen. Infants, small children (age 12 or younger), or pets excluded from the kitchen. Smoking is excluded. Any person with a contagious illness shall refrain from work.

Initial if you will abide by the rules above: _____

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

Owner's Signature

Printed Name

Date