



# Glenn County Environmental Health

247 N Villa Ave, Willows, CA 95988  
 (530) 934-6102 • fax (530) 934-6103

## Cottage Food Operation Application

CFO Business Name:		Date:
CFO Physical Address:	City:	Zip:
Owner Name:	Owner Phone:	Owner Cell:
Mailing Address (if different):	Mailing City:	Mailing Zip:
Email Address:		
Website URL:		

### 1) CFO Category

- Class A** (direct sales only)                       **Class B** (direct & indirect sales)

### 2) Prohibited Items

*I agree to abide by the following (initial) \_\_\_\_\_*

Foods containing *cream, custard, or meat fillings*, are *potentially hazardous* and are **not allowed**. Only foods that are defined as *non-potentially hazardous* and are specifically approved for preparation by a Cottage Food Operation (CFO) are permitted. These are food items that do not require refrigeration to keep them safe from bacterial growth that can cause food-borne illness.

### 3) Self-Certification Checklist

- Self-Certification Checklist Completed (Class A CFOs only)

### 4) Products (as of 5/7/2014)

*Please check **all** of 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"/> Waffle Cones               | <input type="checkbox"/> Tortillas      | <input type="checkbox"/> Fruit Butter*    |
| <input type="checkbox"/> Dried Mole Paste  | <input type="checkbox"/> Herb/Spice Blends          | <input type="checkbox"/> Pizelles       | <input type="checkbox"/> Jams/Jellies*    |
| <input type="checkbox"/> Trail Mix   | <input type="checkbox"/> Fruit Pies/Tamales         | <input type="checkbox"/> Nuts/Nut Mixes | <input type="checkbox"/> Dried Fruit      |
| <input type="checkbox"/> Fruit Empanadas   | <input type="checkbox"/> Nut Butters                | <input type="checkbox"/> Dried Tea      | <input type="checkbox"/> Roasted Coffee   |
| <input type="checkbox"/> Ground Chocolate  | <input type="checkbox"/> Cotton Candy               | <input type="checkbox"/> Candied Apples | <input type="checkbox"/> Dried Vegetables |
| <input type="checkbox"/> Dried Vegetarian-Based Soup Mixes   | <input type="checkbox"/> Vegetable and Potato Chips |   |   |
| <input type="checkbox"/> Buttercream Frosting, Icing, Fondant or Gum Paste (no egg, cream or cream cheese) |   |   |   |
| <input type="checkbox"/> Confections (Caramel, Fudge, Marshmallow Products, Hard Candy)                    |   |   |   |

- Sweet Sorghum Syrup       Granola/Cereals       Chocolate Covered Nuts/Fruit  
 Other:

*\*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>)*

## 5) 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 USC 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 business 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/ounces) 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:
  - In a separate summary statement immediately following or adjacent to the ingredient list, or
  - Within the ingredient list
- If the label makes approved nutrient 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 the 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 information.
  - 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 must accompany it).
- Labels, wrappers, inks, adhesives, paper, and packaging materials that come into contact with the cottage food product by touching the food product or penetrating the packaging must be food-grade (safe for food contact) and not contaminate the food.

**Example:**

<p style="text-align: center;"><b>MADE IN A HOME KITCHEN</b> Permit #: 12345 Issued in County of Glenn</p> <p style="text-align: center;">Chocolate Chip Cookies with Walnuts Sally Baker 1234 Cottage Food Lane Anycity, CA 95999</p> <p><b>Ingredients:</b> enriched flour (wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin, and folic acid), butter (milk, salt), chocolate chips (sugar, chocolate liquor, cocoa butter, butterfat), walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.</p> <p style="text-align: center;"><b>Contains: wheat, eggs, soy, walnuts</b></p> <p style="text-align: center;"><b>Net weight: 3 oz. (85.049g)</b></p>
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**6) Water Source**

*Please identify the water source to be used in the Cottage Food Operation (check one box)*

- Public water system or Community Services District

Name of public/community system: \_\_\_\_\_

- Private Water Supply (i.e. a private well)

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 laboratory certified by the State of California
  - Either attach lab results or provide the name of lab, date, and results in space provided next to each type of test
  - Required frequency for each type of test is in parenthesis
- Bacteriological Test (quarterly): \_\_\_\_\_
- Nitrate Test (yearly): \_\_\_\_\_
- Nitrite (every three years): \_\_\_\_\_

**7) Disposal of Waste Water**

*Please check type of waste water disposal*

- Public Sewer Service                       Private Septic System

*In the event of a septic system failure or plumbing problem, you are required to notify Glenn County Environmental Health immediately.*

**8) Food Processor Course**

*I agree to abide by the following (initial) \_\_\_\_\_*

Within 3 months of being approved to operate, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. Proof of completion may be faxed to our department at (530) 934-6103.

**9) Employees**

*I agree to abide by the following (initial) \_\_\_\_\_*

I understand that I may not have more than one full-time equivalent cottage food employee, not including a family 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) Gross Annual Sales**

*I agree to abide by the following (initial) \_\_\_\_\_*

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

Calendar Year	Maximum Gross Annual Sales
2013	\$35,000
2014	\$45,000
2015 & After	\$50,000

**11) Delivery Limitations**

*I agree to abide by the following (initial) \_\_\_\_\_*

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** (i.e. in person) to the customer. The CFO products may not be delivered via US Mail, UPS, FedEx, or using any other indirect delivery method as this is regulated/subject to CDPH registration and state and federal requirements.

**12) Owner's Statement**

I, \_\_\_\_\_, agree to grant access to Glenn County Environmental Health to conduct inspections of my cottage food operation (check one box):

**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 illness

I, \_\_\_\_\_, agree to notify Glenn County Environmental Health 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

**EH Office Use Only**

Facility #: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Amt Rec'd: \_\_\_\_\_ Receipt #: \_\_\_\_\_

REHS Approval: \_\_\_\_\_ Date: \_\_\_\_\_