



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court, Lakeport, CA 95453-9739
Telephone 707/ 263-1164 FAX: 263-1681

COTTAGE FOOD OPERATOR REGISTRATION / PERMITTING FORM

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

1. Categories:

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

*Direct sales are transactions between a cottage food operator and a consumer, where the consumer purchases the cottage food product directly from the cottage food operator.

Indirect sales are interactions between a cottage food operator, a third party retailer, and a consumer; where the consumer purchases cottage food products made by the cottage food operator from a third party retailer that holds a valid permit.

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**.

3. Self Certification Checklist:

- Checklist completed
-

4. **Products:**

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 Tamales/Pies | <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"/> Sweet Sorghum Syrup | <input type="checkbox"/> Granola/Cereals | <input type="checkbox"/> Chocolate Covered Nonperishable Food | |

**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>

Food descriptions: _____

5. **Product Labeling:**

Initial if you agree to abide by the following: _____

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" 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 (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.

Example:

<p>MADE IN A HOME KITCHEN Permit #: 12345 Issued in county: County name</p> <p>Chocolate Chip Cookies With Walnuts Sally Baker 123 Cottage Food Lane Anywhere, CA 90XXX</p> <p>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.</p> <p>Contains: Wheat, eggs, milk, soy, walnuts</p> <p>Net Wt. 3 oz. (85.049g)</p>
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Note: For the “Issued in County” – Identify the jurisdiction (city/county) where you are obtaining approval.

6. Water Source:

Please identify the water source to be used in Cottage Food Facility (Check one box)

<input type="checkbox"/> Name of Public Water System or Community Services District:
<input type="checkbox"/> If you use a <u>Private Water Supply</u> ** , identify the source (well, spring, surface, etc.):
<u>Private Water Supply: Initial Water Quality Results</u> Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. Then either attach lab results or provide name of lab, date & results in space provided next to type of test. * (Testing Frequencies for Transient Non-Community Water Systems after initial testing)
<input type="checkbox"/> Bacteriological Test (<i>quarterly</i> *):
<input type="checkbox"/> Nitrate Test (<i>yearly</i> *):
<input type="checkbox"/> Nitrite (<i>every 3 years</i> *):

**Additional information may be required if food is prepared from a home with a private water supply – Check with local jurisdiction

7. Disposal of Waste:

Please check what type of treatment is used to dispose of waste

Public Sewer Service

Private Septic System*

(An additional inspection fee may be incurred)

In the event of septic system failure or plumbing problem, you are required to notify **Lake County Environmental Health Division, within 24 hours.**

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*. Proof of completion may be faxed to our Department at **Lake County Environmental Health Division at 263-1681.**

* See CDPH Website for more information: <http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx>

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 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: Initial if you agree to abide by the following: _____

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 figures for the calendar years 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. Delivery Limitations: Initial if you agree to abide by the following: _____

I understand that I may accept orders and payments via the internet, mail or phone. However, all "Class A" & "Class B" CFO products must be delivered directly (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 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 food-borne illness

I, _____, agree to notify **Lake 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

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

DATE APPROVED & BY

Environmental Health Specialist: _____