



Environmental Health Division

Cottage Food Operation (CFO)

Registration / Permitting Application



Ukiah Office: 860 N Bush Street
Ph: 707-234-6625

Fort Bragg Office: 120 W Fir Street
Ph: 707-961-2714

enviroh@mendocinocounty.gov

Approved By: _____ Permit Issue Date: _____	<p style="text-align: center; margin: 0;">Payment Information:</p> Date Rec'd: _____ Payment #: _____ Amount Rec'd: _____ Rec'd By: _____
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Business Name: _____ Date: _____

Physical Address: _____ City: _____ Zip _____

Name: _____ Phone #: _____

Mailing Address (if different): _____ City: _____ Zip _____

Email Address: _____

Website: _____

1. Category: (See Introductory Letter for a more in-depth description):

___ Class A (Direct Sales Only)

___ Class B (Direct & Indirect Sales)

2. Self Certification Checklist:

___ Checklist Completed and Attached

3. 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* are approved for preparation by a Cottage Food Operation (CFO). These are food items that do not require refrigeration to keep them safe from bacteriological growth that could be a cause of food-borne illness.

4. Products:

Please check ALL of the items you will be preparing and/or selling.

<input type="checkbox"/> Baked Good (without cream, custard, or meat)	<input type="checkbox"/> Buttercream frosting, icing, fondant, and/or gum paste, without eggs, cream, or cream cheese.	<input type="checkbox"/> Candied apples	<input type="checkbox"/> Chocolate-covered, non-perishable foods (like nuts, dried fruit, hard candy, marshmallow, or combinations thereof)
<input type="checkbox"/> Confections (like salted caramel, fudge, marshmallow bars)	<input type="checkbox"/> Cotton Candy	<input type="checkbox"/> Dried or dehydrated fruit and/or vegetables	<input type="checkbox"/> Dried mole paste
<input type="checkbox"/> Dried pasta	<input type="checkbox"/> Dried vegetable soup mixes	<input type="checkbox"/> Dry baking mixes	<input type="checkbox"/> Fruit pies, fruit empanadas, and/or fruit tamales
<input type="checkbox"/> Granola, cereals, and/or trail mixes	<input type="checkbox"/> Ground chocolate	<input type="checkbox"/> Herb blends	<input type="checkbox"/> Honey
<input type="checkbox"/> Jams, jellies, preserves, and/or fruit butter**	<input type="checkbox"/> Nut mixes and/or nut butters	<input type="checkbox"/> Popcorn	<input type="checkbox"/> Vinegar
<input type="checkbox"/> Mustard	<input type="checkbox"/> Roasted coffee and/or dried tea	<input type="checkbox"/> Waffle cones and/or pizzelles	<input type="checkbox"/> Other:

****These items must comply with standards described in Part 150 of Title 21 of the code of Federal Regulations:**

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150>

Food Descriptions:

5. Product Labeling:

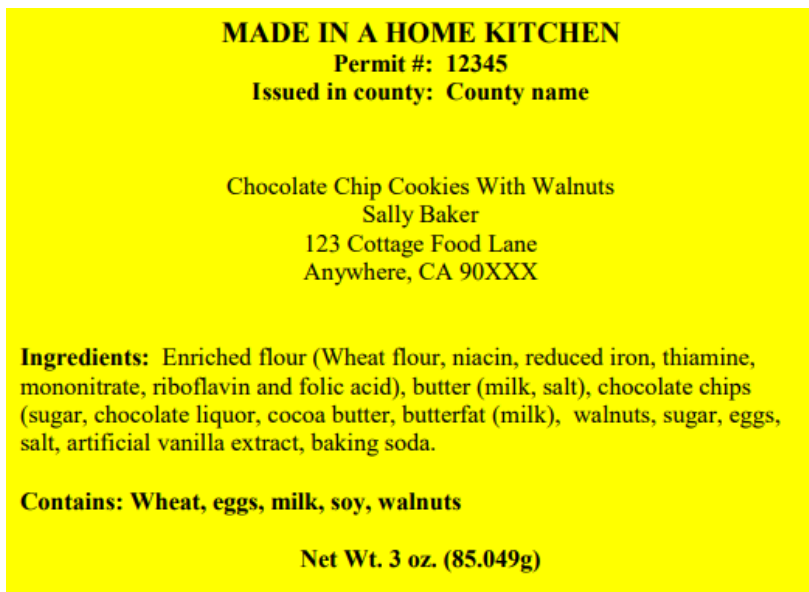
Initial if you agree to abide by the following: _____

For a detailed description, see the CDPH document "Labeling Requirements". 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 units (pounds) and metric units (grams).
- A declaration on the label in plain language if the food contains any of the nine major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, soybeans, and sesame. 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 Guidelines 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 (i.e. sodium and hypertension, calcium and osteoporosis). Please refer to the Cottage Food Labeling guidelines for more details.
- Labels must be in English and legible. 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 food packaging **must** be food-grade (safe for food contact) and not contaminate the food.

Below is an example of a Cottage Food Label. Note that for the “Issued in County”, identify the jurisdiction (City and County) where you are obtaining your approval:



___ Attached a sample label for each Cottage Food product you intend to sell

6. **Water Source:** Please identify the water source to be used in your Cottage Food facility:

Public Water System or Community Services District: _____

Private Water Supply** (identify the source—well, spring, surface, etc): _____

****Private Water Supply - Initial Water Quality Results**

All testing must be done at a State Certified Laboratory. We require results for the following water sample tests:

Total Coliform, E-Coli, Nitrates, and Nitrites. Attach lab results to this document.

Water Test Results Attached

7. **Disposal of Waste:** Please identify what type of treatment is used to dispose of waste:

Public Sewer Service

Private Septic System

In the event of septic system failure or plumbing problems, you are required to notify Mendocino County Environmental Health immediately.

8. **Food Processor Course:**

Initial if you agree to abide by the following: _____

Within 3 months of being registered or permitted, and every three years during operation, any person who prepares or packages Cottage Food must complete a food processor course. Please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. Proof of completion can be emailed to Enviroh@mendocinocounty.org, or mailed to our office. See the [CDPH](http://www.cdph.ca) website for more information.

9. **Employees:**

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 or indirect sales to consumers.

10. **Gross Annual Sales:**

Initial if you agree to abide by the following: _____

The Cottage Food Operation (CFO) allows for an adjusted gross annual sales limit based on the California Consumer Price Index (CPI). The California Retail Food Code Section below is the reference. As the CPI percent changes annually this information will be updated:

Effective Year	Based on average adjustment rate of CPI	Consumer Price Index Percent	CFO Class A: Total Sales Allowance	CFO Class B: Total Sales Allowance
January 1, 2023	2021—2022	7.3	\$80,475	\$160,950

11. Authorized Sales:

Initial if you agree to abide by the following: _____

A **Class A CFO** is authorized to engage in **direct sales** of cottage food products throughout the State. A **Class B CFO** is authorized to engage in both **direct sales** and **indirect sales** of cottage food products throughout the State.

Please Note: To participate as a vendor in community events, such as Farmer's Markets, fairs, or festivals, you must obtain a Temporary Food Facility Permit or Annual Three or More Event Permit, in addition to this Cottage Food Operation Registration/Permit.

12. Operational Requirements for CFOs:

Initial if you agree to abide by the following: _____

- CFO preparation, packaging, or handling may not occur in the home kitchen at the same time as any other domestic activities, including family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning, or guest entertaining.
- Infants, small children, or pets may not be in the home kitchen during the preparation, packaging, or handling of any cottage food products.
- Kitchen equipment and utensils used to produce cottage food products must be cleaned and maintained in good repair.
- All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any cottage food products must be washed, rinsed, and sanitized before each use.
- All food preparation, and food and equipment storage areas, must be vermin-free.
- Smoking is prohibited in the areas of a private home used for the preparation, packaging, storage, or handling of cottage food products, related ingredients, equipment, or both, while cottage food products are being prepared, packaged, stored, or handled.

13. 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 reported food-borne illness

I, _____, agree to notify **Mendocino 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