CALIFORNIA HOMEMADE FOOD ACT AB 1616 (GATTO) COTTAGE FOOD OPERATION (CFO) REGISTRATION/PERMITTING FORM

CFO Business Name: ________________________________ Date: ________________

CFO Physical Address: _______________________________ CFO City: _______________ CFO ZIP: _______________

Owner Name: _______________ Owner Phone: _______________ Owner Cell: _______________

Mailing Address (if different): ___________________________ Mailing City: _______________ Mailing ZIP: _______________

Email Address: __________________ Website: __________________

1. **Categories:** *(See definitions and frequently asked questions handout)*

   - “Class A” (Direct Sales Only) **Onetime** Fee $96.00 *(See definitions and frequently asked questions handout)*
   - “Class B” (Direct & Indirect Sales) **Annual** Fee $234.00 *(See definitions and frequently asked questions handout)*

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 are on the California Department of Public Health (CDPH) list are approved for preparation by a Cottage Food Operation (CFO).

3. **“Class A” Self Certification Checklist:**

   - Checklist completed (“Class A” CFOs Only) Please use Cottage Food Operations (CFOs Class A) Self Certification checklist
4. **Products:**
*Please check ALL of the items you will be preparing and/or selling.*

- [ ] Baked Goods  
- [ ] Dried Pasta  
- [ ] Honey  
- [ ] Popcorn

- [ ] Candy  
- [ ] Dry Baking Mixes  
- [ ] Mustard  
- [ ] Vinegar

- [ ] Churros  
- [ ] Waffle Cones  
- [ ] Tortillas  
- [ ] Fruit Butter **

- [ ] Dried Mole Paste  
- [ ] Herb/Spice Blends  
- [ ] Pizelles  
- [ ] Jams/Jellies**

- [ ] Trail Mix  
- [ ] Fruit Tamales/Pies  
- [ ] Nuts/Nut Mixes  
- [ ] Dried Fruit

- [ ] Fruit Empanadas  
- [ ] Nut Butters  
- [ ] Dried Tea  
- [ ] Roasted Coffee

- [ ] Sweet Sorghum Syrup  
- [ ] Granola/Cereals  
- [ ] Chocolate Covered Nonperishable Food

- [ ] Other:


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**Food descriptions:**

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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](https://www.chp.ca.gov/healthtech/cookbook/cottage-food-labeling/)." 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.
  o 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.
  o 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:**

**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)

**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)*

| Name of Public Water System or Community Services District: __________________________ |
| If you use a **Private Water Supply**, identify the source (well, spring, surface, etc.): __________________ |

**Private Water Supply: Initial Water Quality Results**
The items listed below must be tested for using a California State Certified Laboratory. Submit results to the Mariposa County Health Department.

- **Bacteriological Test**
  - (Required Quarterly for Class B)
  - [ ] Iron
  - [ ] Hydroxide Alkalinity
  - [ ] Total Hardness

- **Nitrate** as NO₃
  - (Required Annually for Class B)
  - [ ] Manganese
  - [ ] Calcium
  - [ ] pH

- **Nitrite** as Nitrogen
  - (Required once every 3 yrs for Class B)
  - [ ] Bicarbonate
  - [ ] Magnesium
  - [ ] Specific Conductance

- **Fluoride**
  - [ ] Carbonate
  - [ ] Sodium

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 septic system failure or plumbing problem, you are required to notify Mariposa County Health Department 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*. Proof of completion may be faxed to our Department at 209-966-8248.

* See CDPH Website for more information: [http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx](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:

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Gross Annual Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2013..................</td>
<td>$35,000</td>
</tr>
<tr>
<td>In 2014..................</td>
<td>$45,000</td>
</tr>
<tr>
<td>In 2015 and in subsequent years........</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

11. **Owner’s Statement:**

I, _______________________, agree to grant access to the Mariposa County 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 Mariposa County Health Department 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.

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**OFFICE USE ONLY**

AMT REC'D ______________ DATE REC'D ______________ REC'D BY ______________

DATE OF PMT ______________ PAYMENT TYPE: (1 CASH) _____ (2 CHECK) _____ (3 CREDIT/DEBIT) _____

CHECK# ______________ DATE OF CHECK ______________ INVOICE# ______________

OWNER # ______________ FACILITY # ______________ PROGRAM REC # ______________ PERMIT/REG # ______________

DATE APPROVED: ______________ REHS: ______________________________

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