



COTTAGE FOOD OPERATION APPLICATION

I. COTTAGE FOOD OPERATION INFORMATION

Cottage Food Operation (CFO) & Owner/Operator Information			
Business Name:			
Owner/Operator Name:			
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Website:			
Cottage Food Operation Categories			
<ul style="list-style-type: none"> ✓ CFO Class A: business selling directly to the individual(s) consuming the CFO food product. ✓ CFO Class B: business selling directly to individual(s) and indirectly to other retailers of the CFO food product. 			
Select the CFO class you're applying for: <input type="checkbox"/> Class A – Registration <input type="checkbox"/> Class B - Permit			
Intended sales location(s) (<i>select all that apply</i>):			
<input type="checkbox"/> Farmer's Market <input type="checkbox"/> Community Events <input type="checkbox"/> Retail Facilities <input type="checkbox"/> Individual(s) Consumer from Home			
<input type="checkbox"/> Delivery Per Order <input type="checkbox"/> Swap-Meet <input type="checkbox"/> Other (<i>please specify</i>):			

II. SELF-CERTIFICATION CHECKLIST

Operation		YES	NO
1.	The CFO is located inside a private dwelling where the CFO operator currently resides.	<input type="checkbox"/>	<input type="checkbox"/>
2.	All food preparation will take place in the private kitchen within that home.	<input type="checkbox"/>	<input type="checkbox"/>
3.	No operations will take place in the out-of-doors, garage, out-buildings, or other location that is not the private kitchen or nearby room inside the home used solely for the storage of sealed packaged food and/or ingredients and clean equipment.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Additional storage used for the CFO will be within the home. <ul style="list-style-type: none"> • If YES, is the room used exclusively for storage? • List the room(s) that will be used for storage: _____ 	<input type="checkbox"/>	<input type="checkbox"/>
5.	Attach a floor plan of the house, identifying areas used for CFO food preparation and storage. You may draw the floor plans yourself. Plans must be to scale (example: one inch = one foot) and include the following (see the sample on the last page) <ul style="list-style-type: none"> • <i>Finishes (floors, walls, and ceiling), equipment, sinks, counters, storage shelving, cabinets, and racks</i> 	<input type="checkbox"/>	<input type="checkbox"/>
6.	Sleeping quarters are excluded from areas used for CFO food preparation or storage	<input type="checkbox"/>	<input type="checkbox"/>
Planning Division Requirements			
7.	I have complied with the applicable zoning requirements for the CFO.	<input type="checkbox"/>	<input type="checkbox"/>
8.	I have attached documentation from the zoning office.	<input type="checkbox"/>	<input type="checkbox"/>

Employee and Training Requirements

- | | YES | NO |
|--|--------------------------|--------------------------|
| 9. Have all persons preparing, or packaging CFO products completed the CDPH food processor course (Food Handler Card Course)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, attach copies of the certificates. | | |
| If NO, complete the course within 3 months of CFO registration or permit issuance and email copies of the certificates to this office. | | |
| 10. Does the CFO have no more than 1 full-time equivalent employee? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>*Immediate family or household members are not included</i> | | |

Sanitation Requirements

- | | YES | NO |
|--|--------------------------|--------------------------|
| 11. 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"/> |
| 12. 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"/> |
| 13. All food preparation and food and equipment storage areas shall be maintained free of family pets, rodents, insects, and/or other means of contamination. | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements

- | | YES | NO |
|---|--------------------------|--------------------------|
| 14. 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, or sneezing, eating or smoking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Warm water, hand soap and single use paper towels are available for hand washing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. All food ingredients used in the CFO products are from an approved source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Potable water shall be used for hand washing, dish washing and as an ingredient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is your water source a private well or other source that is not a public water system? | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • If YES, have you sampled the well water and submitted results from a certified lab to this office testing for total coliform bacteria (fecal coliform & E. Coli, initially & quarterly), nitrate as NO₃ (initially & annually) and nitrate (initially & every three years)? | | |
| <i>*Please attach initial test results that verify the water is potable. See "Potable Water Source" section for more details.</i> | | |
| 19. Is your water source a public water system (example: municipal or city water) or community services district? | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • If YES, what is the name of the system or district? _____ | | |
| 20. During the preparation, packaging, or handling of CFO products: | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • 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, or pets are excluded from the home kitchen. • Smoking is prohibited in the kitchen and any CFO storage areas of the home. • Any person with a contagious illness shall refrain from work in the CFO. | | |

Labeling Requirements

- | | | |
|---|--------------------------|--------------------------|
| 21. A copy of the label has been submitted to this Division for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Attach a sample label. | | |

III. OPERATIONAL REQUIREMENTS

Ingredient Restrictions

A cottage food product **shall not be potentially hazardous food**, as defined in Section 113871 of the California Retail Food Code (CRFC). Foods containing cream, custard, or meat fillings are potentially hazardous and are not allowed. All ingredients shall be from an approved source.

CRFC section 113871:

- (a) "Potentially hazardous food" means a food that requires time or temperature control to limit pathogenic micro-organism growth or toxin formation.
- (b) "Potentially hazardous food" includes a food of animal origin that is raw or heat-treated, a food of plant origin that is heat-treated or consists of raw seed sprouts, cut melons, cut tomatoes or mixtures of cut tomatoes that are not modified to render them unable to support pathogenic micro-organism growth or toxin formation, and garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth or toxin formation as specified under subdivision (a).

Initial if you agree to abide by the ingredient restrictions: _____

Food Products

Select the items you will be preparing and/or selling:

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Dried Pasta | <input type="checkbox"/> Nut Butters | <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"/> Fruit Butter* | <input type="checkbox"/> Tortillas |
| <input type="checkbox"/> Dried Mole Paste | <input type="checkbox"/> Herb/Spice Blends | <input type="checkbox"/> Jams/Jellies* | <input type="checkbox"/> Pizzelles |
| <input type="checkbox"/> Roasted Coffee | <input type="checkbox"/> Fruit Tamales/Pies | <input type="checkbox"/> Nuts/Nut Mixes | <input type="checkbox"/> Honey |
| <input type="checkbox"/> Fruit Empanadas | <input type="checkbox"/> Dried Fruit | <input type="checkbox"/> Dried Tea | <input type="checkbox"/> Trail Mix |
| <input type="checkbox"/> Granola/Cereals | <input type="checkbox"/> Sweet Sorghum Syrup | <input type="checkbox"/> Chocolate Covered Nonperishable | |

Other: _____

See CDPH website for updated list of approved CFO foods

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/CottageFoodOperations.aspx>

**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>

Provide the name of your food products below (attached additional page if needed):

Submit food preparation/handling steps with a list of all ingredients used to manufacture the cottage food product(s). Submit separate information for each individual cottage food product indicated on your application.

Example: Chocolate Chip Cookies

Ingredients:

butter
baking soda
white sugar
hot water
brown sugar
baking pans. salt
eggs
semisweet chocolate chips
chopped walnuts

Preparation/Handling Steps:

1. Mix together the butter, white sugar, and brown sugar until smooth.
2. Beat in the eggs one at a time, then stir in the vanilla.
3. Dissolve the baking soda in hot water. Add to batter along with salt.
4. Stir in chocolate chips and walnuts. Drop in large spoonful's onto ungreased

Bake for 10 minutes in the preheated oven at 350°F or until edges are browned. vanilla extract

Food Product 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:

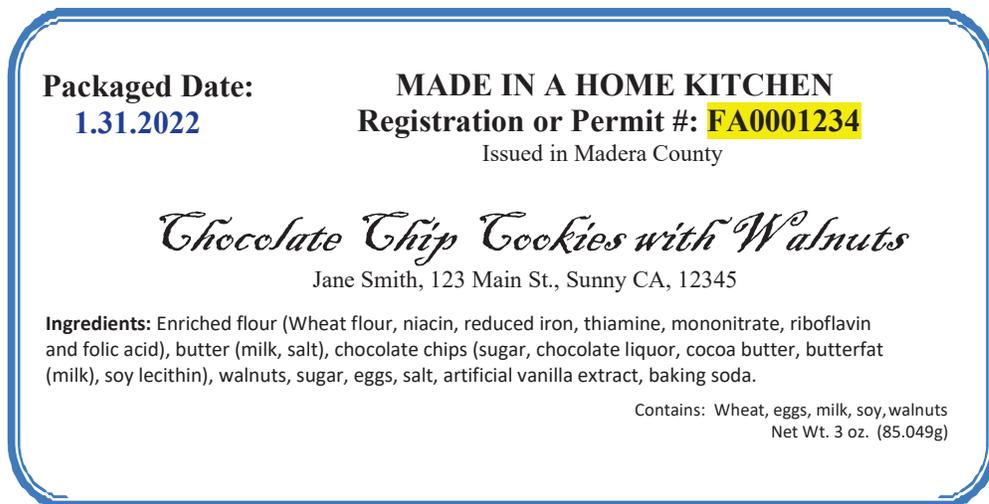
- The words "**Made in a Home Kitchen**" or "**Repackaged in a Home Kitchen**" in 12-point type on the primary display panel.
- The **name commonly used** for the food product or an adequately descriptive name.
- The **name city, state and zip code** of the cottage food operation which produced the cottage 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 "Class A" or "Class B" cottage food operation, respectively, which produced the cottage food product and the name of the county of the local enforcement agency that issued the permit or registration number. **The registration or permit number is the facility FA #.**
- **Name of county** your local enforcement agency issued your registration or permit number.
- 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.

For a detailed description, see the CDPH document "[Labeling Requirements for Cottage Food Products.](#)"

Attach a sample label that you will use for your CFO products.

EXAMPLE:



Note: For the "Issued in County" – Identify the county where you are applying for registration or a permit.
Contact Madera County Ag. Commissioner at 559-675-7876 to get scale certified.

Initial if you agree to abide by the labeling requirements: _____

Potable Water Source

Water used during the preparation of cottage food product shall meet the potable drinking water standards described in Section 113869 defines potable water as, "water that complies with the standards for transient noncommunity water systems pursuant to the California Safe Drinking Water Act (Chapter 4 (commencing with Section 116270) or in accordance with the local regulatory authority.

Identify the intended water source to be used for the Cottage Food Operation (select one)

Public Water System or Community Services District. Name: _____

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

Private Water Supply Requirements:

The water quality **MUST** sampled for the following and are conditions for the issuance of your annual CFO Registration or Permit. An additional water monitoring fee will be bill annually with your CFO registration or permit renewal fee.

Name of Test	Testing Frequency
Total Coliform Bacteria (Fecal Coliform & E. coli)	Initial and Quarterly
Nitrate as NO3	Initial and Annual
Nitrite	Initial and every three years

*** The initial water sampled results shall be submitted along with this application.**

A state-certified laboratory can perform water sampling, analysis, and reporting services. Approved laboratories are listed at the following link:

<https://waterboards.maps.arcgis.com/apps/webappviewer/index.html?id=bd0bd8b42b1944058244337bd2a4ebfa>

Laboratory results may be submitted to EHFOOD-REC@maderacounty.com or by mail at:

Community and Economic
Development Environmental
Health Division
200 W. 4th Street, Suite 3100
Madera, CA 93637

Initial if you agree to abide by the potable water source requirement: _____

Liquid Waste Disposal

Identify what type of treatment is used to dispose of liquid waste:

Public Sewer Service Private Septic System *

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

Initial if you agree to abide by the liquid waste disposal requirement: _____

CDPH Food Processor Course

Within 3 months (90 days) of being approved to operate by Madera County Environmental Health, the operator must provide proof of completion of the required California Department of Public Health (CDPH) food processor course. Proof of completion may be emailed to Madera County Environmental Health at EHFOOD-REC@maderacounty.com.

CDPH Food Processor Course Link:

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/CottageFoodOperations.aspx>.

Initial if you agree to abide by the food processor course requirement: _____

Food 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 operator resides and where cottage food products are prepared or packaged for direct, indirect, or direct and indirect sale to consumers.

Indicate the number of non-family members who will be working for the CFO: _____

Initial if you agree to abide by the food employee restriction: _____

Gross Annual Sales

I understand that I will forfeit 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.

Gross Annual Sales Amount	
CFO Class A	\$75,000
CFO Class B	\$150,000

Use the link below for the current annual gross sales amount.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/CottageFoodOperations.aspx>.

Provide the previous year's **gross annual sales**: \$ _____

Previous year: **Calendar:** _____ **Fiscal (From-To):** _____ -- _____

Initial if you agree to abide by the gross annual sales restriction: _____

CFO Food Products Orders/Payments/Sales/Delivery Methods

Orders and payments can be completed via the internet, mail, or phone. CFO food products sales may be fulfilled in person, via mail delivery or any other third-party service.

Initial if you agree to abide by the CFO Orders/Payments/Sales/Delivery methods: _____

Operator Statement

I, _____, agree to grant access to the local health department to conduct an inspection of my cottage food operations at my primary domestic residence (mark one):

Class A: In the event of a complaint or reported food-borne illness.

Class B: For Routine Facility Inspections and in the event of a complaint or food-borne illness.

I, _____, agree to notify Madera County Environmental Health in writing 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 or not the product is sold, consigned, or given away.

By signing below, I certified that I meet the requirements of the California Retail Food Code, as it pertains to a cottage food operation. Prior to making any changes, or would like to inactivate my CFO registration or permit, I acknowledge that I shall notify the Madera County Environmental Health Division (MCEHD) within 10 business days. Failure to notify the MCEHD may result in the suspension or revocation of the issued operating CFO registration or permit.

Owner/Operator Signature: _____ **Date:** _____

Owner/Operator Name (Print): _____

OFFICE USE ONLY

SR: _____
AC: _____
IN: _____

COMMENTS:

Approved By: _____ *Date:* _____

SAMPLE - CFO FLOOR PLAN

