

Environmental Health Division

DEPARTMENT OF PLANNING AND BUILDING SERVICES

707 Nevada Street, Suite 5 · Susanville, CA 96130-3912 (530) 251-8269 · (530) 251-8373 (fax) www.co.lassen.ca.us

CALIFORNIA HOMEMADE FOOD ACT REGISTRATION / PERMITTING FORM

CFO Business Name:				Date:			
CFO Physical Address:		CFO City:	1		CFO ZIP:		
Owner Name:	O	wner Phone:	Owner Cell:				
Mailing Address (if different):		Mailing City:			Mailing ZIP:		
Email Address:				1			
Website:							
1. Categories:							
☐ "Class A" (Direct Sales Only) ☐ "Class B" (Direct & Indirect Sales)							
2. Prohibited Items: Initial i	if y	ou agree to abide by t	he f	ollow	ving:		
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 bacterial growth that could be a cause of food-borne illness.							
3. "Class A" Self Certification Che	ck	dist:					
☐ Checklist completed ("Class A" CFOs O	nly)					

4. **Product Labeling:**

Initial if you agree to abide by the following: ___

For a detailed description, see the CDPH document "<u>Labeling Requirements for Cottage Food Products</u>." 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", whichever is applicable, 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.
- The registration or permit number of the cottage food operation which produced the cottage food product and the name of the county where the registration or 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 <u>Cottage Food Labeling Guideline</u> 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 <u>Cottage Food Labeling Guideline</u> 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.
- Labels should be **pre-approved by Lassen County Environmental Health before printing.** The Environmental Health Specialist reviewing the application will discuss label creation with you.

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 (Lassen County) where you are obtaining approval.

5. 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 (requires testing), identify the source (well, spring, other):
Private Water Supply: Initial Water Quality Results Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. Submit lab results with the application. (Certain geographical areas may require additional testing. Contact Lassen County regarding requirements)
□ Bacteriological Test (every 6 months*): *Testing is ONLY required during months in operation. If bacterial test is positive, retesting and quarterly testing will be required until water no longer tests positive. High nitrate/nitrite level may require additional testing as well. Check only the boxes of dates in operation- if year round check both. □ (Jan-June) □ (July-December)
☐ Nitrate Test (once upon start up):
☐ Nitrite (once upon start up):

6. <u>Disposal of Waste:</u> Please check what type of treatr	ment is used to dispose of waste					
☐ Public Sewer Service	☐ Private Septic System					
 In the event of septic system failur Lassen County Environmental Heat 	re or plumbing problem, you are required to notify the alth immediately.					
7. Food Processor Course:	Initial if you agree to abide by the following:					
provide proof of completion of the food processor course*. Proof of completion of the 8373. * See CDPH Website for more information.	to operate by the Environmental Health Division, please required California Department of Public Health (CDPH) ompletion may be faxed to our Department at (530) 251-n: http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx					
8. <u>Employee:</u>	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.						
9. Gross Annual Sales:	Initial if you agree to abide by the following:					
•	CFO status and will need to become permitted in a less exceeds the following gross annual sales figures for ble:					
CFO Class	Gross Annual Sales					
Class AClass B	· · · · · · · · · · · · · · · · · · ·					
10. <u>Delivery Limitations:</u>	Initial if you agree to abide by the following:					
	and normanta via the internet, mail or phone. However, all					

I understand that I may accept orders and payments via the internet, mail or phone. However, all "Class A" products must be direct sales. "Class B" CFO products may be both direct and indirect sales. Direct and indirect sales may be fulfilled in person, via mail delivery, or using any other third-party delivery service throughout the state.

• • •	Owner o Otatomont:						
I, <u> </u>	th Division to conduct an inspec	, agree to grant access to the location of my cottage food operation (mar	cal Environmental k one):				
	"Class A": In the event of a consumer complaint or report food-borne illness	ed "Class B": For reguling inspections and in to consumer complaint or	the event of a				
I,, agree to notify the Lassen 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				
OFFIC CFO #	CE USE ONLY #						
Appro	oved By:	Date:					
• •		Health Specialist					

11 Owner's Statement: