



County of Fresno

DEPARTMENT OF PUBLIC HEALTH
EDWARD L. MORENO, M.D., M.P.H.
 DIRECTOR-HEALTH OFFICER

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

CFO Business Name:			Date:
CFO Address:		CFO City:	CFO ZIP:
Owner Name:	Owner Phone:	Owner Cell:	FA
Mailing Address (if different):	Mailing City:	Mailing ZIP:	PR
Email Address:			PE
Website:			CT

Office Use Only

1. Categories:

- *Class A: CFO business selling directly to the people consuming the CFO food product.*
- *Class B: CFO business that sells to other retailers who will sell to the people consuming the CFO food product. Class B facilities may also sell directly to the consumer.*

Class A (Direct Sales Only)

Class B (Direct & Indirect Sales)

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” 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.

Dedicated to Public Health

1221 Fulton Mall / P.O. Box 11867 / Fresno, California 93775 / Phone (559) 600-3357 / FAX (559) 600-7629

Email: EnvironmentalHealth@co.fresno.ca.us www.fcdph.org
 Equal Employment Opportunity ❖ Affirmative Action ❖ Disabled Employer

3. Self-Certification Checklist / Operational Statement:



- Self-Certification Checklist completed and attached (“Class A” CFOs)
- Operational Statement completed and attached (“Class B” CFOs)

4. Products:

Please check 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"/> Pizzelles	<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"/> Granola/Cereals	<input type="checkbox"/> Sweet Sorghum Syrup	<input type="checkbox"/> Chocolate Covered Nonperishable Food	
<input type="checkbox"/> Other: _____			

*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 (ingredients for each product; continue on separate sheet of paper if necessary):

5. Product Labeling:

Initial if you agree to abide by the following: _____



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

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:



Note: For the “Issued in County” – Identify the county where you are obtaining approval.

6. Water Source:

Please check what type of water source will be used in Cottage Food Facility

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.** Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. **Attach lab results documentation.** (*Testing Frequencies for Transient Non-Community Water Systems after initial testing*)

1. Bacteriological Test (*quarterly*), 2. Nitrate Test (*yearly*), 3. Nitrite (*every 3 years*)

* Additional forms and water quality testing may be required if food is prepared from a home with a private well. You will need to contact a local laboratory and have a certified water sampler secure a water sample from your residence.



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 Fresno County Environmental Health Division immediately.

8. Food Processor Course:

Initial if you agree to abide by the following: _____

Within 3 months (90 days) of being approved to operate by the Fresno County Environmental Health Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. The website for CDPH is www.cdph.ca.gov. Proof of completion may be faxed to Fresno County Environmental Health Division at 559-600-7629.



Until the State Department of Public Health develops a food processor course as required by law, we will accept [California Food Handler Card](#).

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

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

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

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" and "Class B" CFO products must be delivered directly (in person) to the customer. The CFO products may not be delivered via US Mail, United Postal Service, FedEx, or using any other indirect delivery method as this is regulated/subject to CDPH registration and state and federal requirements.

12. Operating Days/Times:

I am producing and/or packaging my CFO products(s) at my home during the following times (include times with AM/PM):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

13. Distribution of CFO Product (include a separate sheet of paper if necessary):

Describe all of the ways you will distribute your CFO product to the consumer. Write all that apply including ways that may not be in this list. (Examples: sales to customer from home, sales at farmer's markets, sales at community events, sales at swap meets, delivery per order, etc.)

Class B Facilities: List the permitted retail food facilities will you sell your CFO product to for them to resell it to their customers or use in their facility?

14. Owner's Statement:

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

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

Class B: For facility inspections and in the event of a complaint or food-borne illness.

I, _____, agree to notify Fresno County Environmental Health Division 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.

Signature of Owner: By signing below, I certify under penalty of perjury that all of the information provided above is true and correct to the best of my knowledge and that I understand the above and agree to operate my cottage food business within the scope of the above limits and the provided attached documentation.

Signature

Print Name

Date