



Placer County Health and Human Services Department

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APPLICATION FOR COTTAGE FOOD OPERATIONS (CFO)

Application type CLASS A REGISTRATION (Direct Sales Only) CLASS B PERMIT (Direct & Indirect Sales)

Update Information Change of Owner Business Name Change New Business

BUSINESS INFORMATION

CFO Owner's Name: _____

CFO Business Name: _____

CFO Physical Address: _____

Mailing Address (if different from physical) _____

Owner's E-Mail _____ Website: _____

Primary Phone #: () _____ Secondary Phone #: () _____

Facility Within City Limits? Yes No Unknown

Water Source:

*Drilled Well Hand Dug Well Ditch Water Public Water Entity: _____

**CFO's on private wells must fill out and sign a Private Well Food Facility Testing Agreement and submit test results for Bacteria, Nitrate, and Nitrite with this application. Routine testing must be conducted thereafter (quarterly for bacteria, annually for nitrate, every three years for nitrite).*

Waste Water Disposal:

Private Septic System Public Sewer Entity: _____

Attach all of the following with this application:

- Floor plan of kitchen & storage area
- A complete product list and a label for each product
- Food Processors Training Certificate/Food Safety Manager Certificate/Food Handlers Card
- *Water quality test results & signed Private Well Food Facility Testing Agreement
(*For CFOs on private wells only)

Product Labeling

All CFO products for sale must be labeled as per the Federal Food, Drug and Cosmetic Act. The minimum requirements include by are not limited to:

- (1) The words "Made in a Home Kitchen" in 12-point font
- (2) The common name of the food product or an adequately descriptive name
- (3) The CFO Business Name
- (4) Ingredients, in descending order of predominance by weight
- (5) Allergen statement if the product contains ANY of the Big 8 Food allergens: Wheat, Milk, Peanuts, Tree Nuts, Eggs, Soy, Fish, Shellfish
- (6) The Registration (Class A) or Permit (Class B) number
- (7) The City/Town where the CFO is located
- (8) The County (Placer) who has issued the permit

Sugar Cookies

Sally's Cookie Co.

Ingredients: Enriched flour (wheat flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), sugar, butter (milk, salt), eggs baking soda, baking powder

Contains: Wheat, milk, eggs

Net Wt. 5 oz. (141 g)

Made in a Home Kitchen

Registration/Permit # PRXXXXXXX

Roseville, CA

Issued by Placer County

CFO General Requirements

	YES	NO
Does the entire CFO (food/equipment storage, food preparation, product packaging, etc.) occur within the private home where the CFO owner resides?	<input type="checkbox"/>	<input type="checkbox"/>
Are all items (food and equipment) stored in the kitchen or in a room used exclusively for such storage (bedrooms and garages NOT permitted)?	<input type="checkbox"/>	<input type="checkbox"/>
Have all persons which will prepare or package CFO products completed food safety training?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to have no more than ONE full-time employee? (Family/household members not included)	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to ensure that no other domestic activities, such as family meal preparation, dish washing, kitchen cleaning, clothes washing/ironing, or guest entertainment will occur during CFO hours?	<input type="checkbox"/>	<input type="checkbox"/>
Are infants, small children and pets excluded from the kitchen during CFO food production and/or packaging?	<input type="checkbox"/>	<input type="checkbox"/>
Are all food preparation and food/equipment storage areas maintained free from rodents and insects?	<input type="checkbox"/>	<input type="checkbox"/>
Is smoking prohibited in food/equipment storage areas and the kitchen during CFO food production and/or packaging?	<input type="checkbox"/>	<input type="checkbox"/>
Is all CFO equipment maintained clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are utensils, food contact surfaces, and equipment used in the CFO washed, rinsed, and sanitized before each use?	<input type="checkbox"/>	<input type="checkbox"/>
Are hand washing supplies (warm water, liquid hand soap, paper towels) provided at all times during the CFO?	<input type="checkbox"/>	<input type="checkbox"/>
Are hands washed properly prior to preparing or packaging foods and after engaging in any activity that contaminates hands, such as using the toilet, coughing or sneezing into hands, eating, or smoking?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers (including CFO owner) excluded from CFO food production and/or packaging if experiencing signs/symptoms of a contagious illness?	<input type="checkbox"/>	<input type="checkbox"/>
I understand that should my Gross Annual Sales exceed \$50,000 then I will no longer be permitted to operate my CFO from my home kitchen and future activities must be conducted from a commercial food facility with all applicable permits	<input type="checkbox"/>	<input type="checkbox"/>
I understand that any of my CFO products that are ordered via internet, phone or mail, must be delivered directly, in person to the customer (CFO products MAY NOT be delivered via US Mail, UPS, FedEx, or any other indirect delivery method).	<input type="checkbox"/>	<input type="checkbox"/>

CFO Owner Agreement

All CFO are required to secure a Business License and approval from local City or County Planning Department and the Health Department prior to operating. **Individuals found selling/vending homemade food in Placer County without a valid CFO registration or permit issued by this office may result in closure of the CFO, impoundment of illegally produced food and penalty fees of up to three times the original permit or registration fee.**

By signing below, I declare under penalty of perjury that the statements made herein are correct and true. I hereby consent to all necessary Environmental Health inspections made pursuant to law and incidental to this permit. I acknowledge that I must notify Placer County Environmental Health of any intended changes to the above statements. I certify that I am familiar with the laws and regulations pertaining to Cottage Food Operations as stated in Chapter 11.5, section 114365 of the California Retail Food Code and agree to operate in a manner consistent with these laws.

OWNER'S SIGNATURE: _____ DATE: _____

Department use Only				
Department Comments / Conditions: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other				
R.E.H.S. Signature:				DATE:
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