



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

CALIFORNIA HOMEMADE FOOD ACT AB 1616
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:

- "Class A" (Direct Sales Only) "Class B" (Direct & Indirect Sales)

2. Prohibited Items:

Initial if you agree to abide by the following: _____

I understand that 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 Checklist:

- Checklist completed (Required for "Class A" CFOs Only)

4. Products:

Please check ALL of 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"/>	Ground Chocolate	<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"/>	Pizelles	<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"/>	Dried or Dehydrated Vegetables			<input type="checkbox"/>	Vegetable & Potato Chips	<input type="checkbox"/>	Seasoning salt
<input type="checkbox"/>	Dried Vegetarian-based Soup Mixes			<input type="checkbox"/>	Buttercream Frosting with Non-PHF Ingredients		
<input type="checkbox"/>	Sweet Sorghum Syrup	<input type="checkbox"/>	Granola/Cereals	<input type="checkbox"/>	Marshmallows that do not contain eggs		
<input type="checkbox"/>	Flat icing	<input type="checkbox"/>	Popcorn balls	<input type="checkbox"/>	Chocolate Covered Nonperishable Food		
<input type="checkbox"/>	Dried Hot Chocolate (dried powdered mixes or molded hardened cocoa pieces)						
<input type="checkbox"/>	Dried Grain Mixes	<input type="checkbox"/>	Fried or Baked Donuts and Waffles				
<input type="checkbox"/>	Fruit Infused Vinegar (containing only high-acid fruits containing only high-acid fruits such as apple,						

	<i>crabapple, nectarine, peach, plum, quince, blackberry, blueberry, cherry, cranberry, grape, huckleberry, gooseberry, loganberry, pomegranate, pineapple, raspberry, strawberry, tomatillo, youngberry, grapefruit, kumquat, lemon, lime, orange)</i>
<input type="checkbox"/>	Confections Containing: <input type="checkbox"/> Salted Caramel <input type="checkbox"/> Fudge <input type="checkbox"/> Marshmallow Bars <input type="checkbox"/> Hard Candy <input type="checkbox"/> Nuts <input type="checkbox"/> Chocolate Covered Marshmallow
<input type="checkbox"/>	Candy (i.e. Cotton Candy, Candied Apples, other candies provide descriptions/recipes):
**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:

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](#)." I understand that 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 CFO business 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 units (pounds) 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.
- Sample of label must be submitted prior to final approval.

Example:

MADE IN A HOME KITCHEN
Permit #: 12345
Issued in county: County name

Chocolate Chip Cookies With Walnuts
Sally's Treats
Anywhere, CA 925XX*

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)

* Full address required for cottage food operations not currently listed in the local telephone directory

6. Water Source:

Please identify the water source to be used in Cottage Food Facility (Check one box only)

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: Water Quality Results

Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. Attach a copy of the lab results and list the results in the space provided next to type of test.

Bacteriological Test (*quarterly*): _____

Nitrate Test (*yearly*): _____

Arsenic (*yearly, if applicable**): _____

Fluoride (*once*): _____

*Additional information may be required if food is prepared from a home with a private water supply – Check with your local area office for details.

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 Riverside County Department of Environmental Health immediately and discontinue all cottage food operations until repairs are completed and approval to operate is issued.

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 Department, 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 (951) 358-5017 (if possible please include area office and/or name of inspector you have corresponded with).

* Riverside County Food Handler Course will meet this requirement: www.rivcoeh.org

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

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

12. Zoning Requirements: Initial if you agree to abide by the following: _____

I understand that I must comply with all applicable zoning requirements for the jurisdiction in which I live. I have attached documentation from the Planning office (if required).

13. Owner’s Statement:

I, _____ agree to grant access to the local 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 reported food-borne illness.

I, _____ agree to notify Riverside County Department of 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

OFFICE USE ONLY				
AMT REC'D:		DATE REC'D:		INVOICE#:
PAYMENT TYPE:	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT/DEBIT	<input type="checkbox"/> CHECK	CHECK#:
DRIVERS LICENSE#:			EXPIRATION DATE:	
SAMPLE LABEL RECEIVED BY:				
COPY OF PLANNING APPROVAL RECEIVED BY:				
ONSITE CFO INPECTION COMPLETED BY:			DATE:	
CFO APPROVED BY:			DATE:	