



COLUSA COUNTY
ENVIRONMENTAL HEALTH DIVISION

146 7th Street
Colusa, CA 95932
(530)458-0395

COTTAGE FOOD OPERATION (CFO)
REGISTRATION/PERMIT

<input type="checkbox"/> Registration (Class A) <input type="checkbox"/> Permit (Class B)		<input type="checkbox"/> New <input type="checkbox"/> Renewal	
Business (CFO) Name: _____			
Business (CFO) Address: _____			
Owner's Name: _____		City _____	Zip _____
Owner's Mailing Address: _____			
Owner's Telephone: _____		City _____	Zip _____
Owner's Email: _____			

Planning Agency approving CFO in home: <input type="checkbox"/> City of Colusa <input type="checkbox"/> City of Williams <input type="checkbox"/> Unincorporated Colusa County _____ Signature and Date of Approval by Planning Agency	Food to be sold at (mark <u>all</u> that apply): <input type="checkbox"/> Farmer's Markets <input type="checkbox"/> Community Events <input type="checkbox"/> Retail Facilities <input type="checkbox"/> Other (please specify): _____ Number of non-family members who will be working at the CFO: _____
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*Food Categories prepared in CFO: <input type="checkbox"/> Baked goods without cream, custard or meat fillings, such as breads, biscuits, churros, cookies, pastries and tortillas <input type="checkbox"/> Candy, such as brittle and toffee <input type="checkbox"/> Chocolate-covered nonperishable foods, such as nuts and dried fruit <input type="checkbox"/> Dried fruit <input type="checkbox"/> Dried pasta <input type="checkbox"/> Dry baking mixes <input type="checkbox"/> Fruit pies, fruit empanadas, fruit tamales <input type="checkbox"/> Herb blends and dried mole paste		<input type="checkbox"/> Granola, cereals, and trail mixes <input type="checkbox"/> Honey and sweet sorghum syrup <input type="checkbox"/> Jams, jellies, preserves and fruit butter (comply with standard described in Part 150 of Title 21 of Code of Federal Regulations) <input type="checkbox"/> Nut mixes and nut butters <input type="checkbox"/> Popcorn <input type="checkbox"/> Roasted coffee and dried tea <input type="checkbox"/> Waffle cones and pizzelles <input type="checkbox"/> Other (please specify) _____	
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***Please provide a menu with application. Thank you!**

CFO REGISTRATION/PERMIT Page Two
Environmental Health Application Review

(Official Use Only)

Yes **No**

Approval verified by the jurisdictional Planning Department? -----	<input type="checkbox"/>	<input type="checkbox"/>
Self-Certification Checklist reviewed and determined to be complete? -----	<input type="checkbox"/>	<input type="checkbox"/>
Water source determined to be potable based on connection to approved public water system or satisfactory initial bacteriological and nitrate sample?-----	<input type="checkbox"/>	<input type="checkbox"/>
CFO food from list of approved food categories? -----	<input type="checkbox"/>	<input type="checkbox"/>
Inspection of CFO satisfactory? ----- Not applicable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant informed of other permits needed for CFO for outside sale? -----	<input type="checkbox"/>	<input type="checkbox"/>

Additional Environmental Health Comments:

Cottage Food Operation Owner Certification

I certify that I am the owner of the cottage food operation and that the information provided herein is true to the best of my knowledge.

Printed Name _____

Signature _____

Date _____

Registration

I have reviewed this Registration, the Self-Certification Checklist, and any required accompanying documentation and determined this CFO is in substantial compliance with the Homemade Food Act, based on the information provided.

Environmental Health Specialist _____ Registration Date _____

Registration No. _____

Envision No. _____

Permit Issued

I have reviewed this permit application, the Self-Certification Checklist, any required accompanying documentation and the results of any required inspection and determined this CFO is in substantial compliance with the Homemade Food Act, based on the information provided.

Environmental Health Specialist _____ Permit Issuance Date _____

Permit No. _____

Envision No. _____

Updated Jan. 2013

Registration and Permits are valid for 1 Year from date of issuance



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**COTTAGE FOOD OPERATIONS (CFO)
SELF CERTIFICATION CHECKLIST**

The following requirements are outlined in the Cottage Food Operations (CFO) regulations and are provided as minimum standards of health and safety for the preparation of approved cottage foods in the home.

CFO Business Name:		CFO Owner Name:	
CFO Physical Address:		CFO City:	CFO ZIP:
Phone:	FA	PR	PE

Above bold boxes for office use only.

Facility Requirements:

Yes No

1. The CFO is located in a private dwelling where the CFO operator currently resides	<input type="checkbox"/>	<input type="checkbox"/>
2. All CFO food preparation will take place in the private kitchen within that home.	<input type="checkbox"/>	<input type="checkbox"/>
3. Additional storage used for the CFO will be within the home.	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, is the room used exclusively for storage?	<input type="checkbox"/>	<input type="checkbox"/>
b. Specify the room(s) that will be used for storage? _____		
4. Sleeping quarters are excluded from areas used for CFO food preparation or storage.	<input type="checkbox"/>	<input type="checkbox"/>

Zoning Requirements:

Yes No

5. I have complied with the applicable zoning requirements for the CFO.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have attached documentation from the Planning office (If required)	<input type="checkbox"/>	<input type="checkbox"/>

Employee and Training Requirements:

Yes No

7. Have all persons preparing or packaging CFO products completed the CDPH food processor course?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, copies of certificates are attached.	<input type="checkbox"/>	<input type="checkbox"/>
b. If NO, complete course within 3 months of CFO registration.	<input type="checkbox"/>	<input type="checkbox"/>
8. The CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Requirements:

Yes No

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 9. 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"/> |
| 10. 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"/> |
| 11. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects. | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements (includes packaging and handling):

Yes No

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 12. 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"/> |
| 13. Warm water, hand soap and clean towels are available for hand washing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. All food ingredients used in the CFO products are from an approved source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Potable water shall be used for hand washing, ware washing and as an ingredient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is your water source a private water supply (well, spring, surface)? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, have you completed testing for bacteria, nitrate & nitrite? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is your water source a public water system ? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, what is the name of the system ? _____ | | |

During the preparation, packaging or handling of CFO products:

Yes No

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 18. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Smoking is excluded. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Any person with a contagious illness shall refrain from work in the CFO. | <input type="checkbox"/> | <input type="checkbox"/> |

Labeling Requirements:

Yes No

- | | | |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 22. A copy of the label has been submitted to this Department for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I have attached a sample label. | <input type="checkbox"/> | <input type="checkbox"/> |

By signing below you are certifying that you meet the requirements of the California Homemade Food Act. Prior to making any changes, I acknowledge that I must notify Colusa County Environmental Health Jurisdiction of any intended changes to the above statement.

Cottage Food Operator Checklist completed and submitted by:

Owner's Signature

Print Name

Date