



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 checked="" type="checkbox"/> Permit (Class B)		<input type="checkbox"/> New <input type="checkbox"/> Renewal	
Business (CFO) Name: _____			
Business (CFO) Address: _____			
		City	Zip
Owner's Name: _____			
Owner's Mailing Address: _____			
		City	Zip
Owner's Telephone: _____		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		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):	
_____ Signature and Date of Approval by Planning Agency		Number of non-family members who will be working at the CFO:	
*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"/> Granola, cereals, and trail mixes	
<input type="checkbox"/> Candy, such as brittle and toffee		<input type="checkbox"/> Honey and sweet sorghum syrup	
<input type="checkbox"/> Chocolate-covered nonperishable foods, such as nuts and dried fruit		<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"/> Dried fruit		<input type="checkbox"/> Nut mixes and nut butters	
<input type="checkbox"/> Dried pasta		<input type="checkbox"/> Popcorn	
<input type="checkbox"/> Dry baking mixes		<input type="checkbox"/> Roasted coffee and dried tea	
<input type="checkbox"/> Fruit pies, fruit empanadas, fruit tamales		<input type="checkbox"/> Waffle cones and pizzelles	
<input type="checkbox"/> Herb blends and dried mole paste		<input type="checkbox"/> Other (please specify)	
*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



COLUSA COUNTY
ENVIRONMENTAL HEALTH DIVISION

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

**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



COUNTY OF COLUSA

COMMUNITY DEVELOPMENT DEPARTMENT

220 12th Street

Colusa, California 95932

TELEPHONE (530) 458-0480 FAX (530) 458-2035

Cottage Foods Business Zoning Clearance Form

FOR OFFICE USE ONLY

Control No.:

CF # _____

Date _____

Please Select YES, NO or N/A to ALL of the following questions:	YES	NO
a) The applicant for the cottage food operation permit shall be the individual who conducts the cottage food operation from his or her dwelling unit and is the owner of the cottage food operation. The permit shall not be transferable to another operator nor transferable to another site.		
(b) No more than one cottage food employee, as defined by California Health and Safety Code Section 113758(b)(1), and not including a family member or household member of the cottage food operator, shall be permitted on the premises of the cottage food operation.		
c) The cottage food operation shall be registered or permitted by the County health officer in accordance with Section 114365 of the California Health and Safety Code. Cottage food operations shall comply with all California Health and Safety Code requirements.		
d) The use shall be conducted within the kitchen of the subject dwelling unit except for attached rooms within the dwelling that are used exclusively for storage or bookkeeping. No greater than twenty-five percent of the dwelling, or fifty percent of an accessory building, may be used for the cottage food operations.		
(e) There shall be no change in the outside appearance of the dwelling unit or premises, or other visible evidence of the conduct of such cottage food operation, with the exception of one sign not to exceed two square feet.		
(f) Except for vehicle parking, no outdoor portions of the premises shall be utilized for cottage food operation including outdoor sales and visitation.		
(g) No greater than one visitor's vehicle and one non-resident employee's vehicle shall be parked on site at any time. All on site vehicle parking shall be conducted in a manner consistent with the County Code.		

(h) Direct sales of products from the site of the cottage food operation shall be conducted by prior appointment only, and shall not exceed more than ten visitors in any single day. No customers of the cottage food operation shall be permitted to dine at the premises.		
(i) Direct sales and cottage food operation related deliveries shall not occur between the hours of eight p.m. and seven a.m.		
j) Gross annual sales shall not exceed the dollar amounts specified in California Health and Safety Code Section 113758. (Ord. No. 765 § 2 (Exh. A) (part))		

Notes:

If you answered **NO** to any please stop and discuss your proposal with Environmental Health Staff.

CERTIFICATION:

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this evaluation to the best of my ability, and that the facts, statements and information presented are true and correct the best of my knowledge and belief.

Signature: _____ Date: _____