

SOLANO COUNTY Department of Resource Management Environmental Health Division

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OFFICIAL USE ONLY						
16	B					
Reviewed by:						
Date:						
Amt. Paid:						

COTTAGE FOOD OPERATION (CFO) RENEWAL Class A____ Class B____

General Information									
CFO Business Name:									
CFO Owner Name(s):									
CFO Addres	ss*:				City:		Zip:		
Phone #:			_Email:						
If you no longer reside in the residence where your CFO was originally issued, a new application is required.									
Food Product Types: Check ALL the items that will be prepared and/or distributed by the CFO:									
	Baked Goods (attach list)		Dried Pasta		Honey		Popcorn		
	Candy		Dry Baking Mixes		Mustard		Vinegar		
	Churros		Waffle Cones		Tortillas		Fruit Butter **		
	Dried Mole Paste		Herb/Spice Blends		Pizelles		Jams/Jellies**		
	Trail Mix		Fruit Tamales/Pies		Nuts/Nut Mixes		Dried Fruit		
	Cotton Candy		Dried/Dehydrated Vegetables		Vegetable/Potato Chips		Dried Vegetarian Soup Mix		
	Fruit Empanadas		Nut Butters		Dried Tea		Roasted Coffee		
	Sweet Sorghum Syrup		Granola/Cereals		Chocolate Covered N	lonpe	erishable Food		
**All items must comply with standards described in Part 150 of Title 21 of the Code of Federal Regulations, which can be found on-line at: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150									
Gross Annual Sales: Initial that you are abiding by the following:									
The CFO shall not exceed \$50,000 in gross annual sales. Sales above this level will result in a loss of the CFO status and all operations will be required to cease from your residence.									
Delivery Limitations: Initial that you are abiding by the following:									
Orders and payments may be accepted via the internet, mail or phone. However, all "Class A" & "Class B" CFO food products must be delivered <u>directly</u> (in person) to the customer. The CFO products may <u>not be delivered</u> via US Mail, UPS, FedEx or using any other indirect delivery method as this is regulated and subject to California Department of Public Health registration and state and federal requirements.									
☐ A copy of my Food Processor Certificate is attached.									
☐ A copy of my food product labeling is attached.									
I certify that to the best of my knowledge and belief the statements made herein are true and correct.									
Name									
Signature				_	Date				