

SOLANO COUNTY Department of Resource Management Environmental Health Division

675 TEXAS ST., SUITE 5500 FAIRFIELD, CALIFORNIA 94533 (707) 784-6765 Fax (707) 784-4805 www.solanocounty.com

OFFICIAL USE ONLY		
□Permit	□Registration	
Site #: 16	B	
Rec'd by:		
Date:		
Amt pd.:		
Rept #:		

COTTAGE FOOD OPERATION (CFO) APPLICATION

CLASS A (DIRECT SALES) New Registration	CLASS B (DIREC	CT / INDIRECT SALES) blication	
1. General Information:			
CFO Business Name:		·····	
CFO Owner Name(s):		· · · · · · · · · · · · · · · · · · ·	
CFO Address:	City:	Zip:	
Mailing address:(if different from above)	City:	Zip:	
Phone #:	Email:		
2. Planning Approval & Business License: Complete the following: a.			
4. Prohibited Items:	Initial that you will abide by t	he following:	
defined as "non-potentially hazardous'	neat fillings are potentially hazardous and are <u>n</u> " are approved for preparation by a Cottage Fo to keep them safe from bacterial growth that co	od Operation (CFO). These are food	
5. Food Products to Be Prepared a	t CFO: Initial that you will abide by t	the following:	
a Only CEO food products listed	by the California Department of Public Health	(CDPH) will be made and	

b. Only CFO food products listed by the applicant on a completed Solano County "Cottage Food Operation (CFO) Food Product Description" form submitted to, and approved by, the Solano County Environmental Health Services Division shall be prepared and distributed.

distributed. The CDPH "Approved Cottage Food List" can be found on-line at

http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx

6.	Product Labeling:	Initial that you will abide by the following	g:
	a. All CFO food product labeling shall be in acco		
	requirements and an example of labeling car	n be found in the document <i>"Labeling Requir</i>	rements for Cottage
	Food Products" prepared by the California D	epartment of Public Health, which can be for	und on-line

		http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx.			
b. A copy of all CFO food product labeling is attached to this application.					
7.	Wat	Vater Source:			
	Sele	ect either 7a. or 7b. and complete the section:			
	a. Public Water System or Community Service District Provide name of Public Water System or Community Service District and then go to #8:				
	b.	Private Water Supply* i. Water supply source (example: well): ii. Water quality results and sampling frequency: (All testing must be performed by a State Certified Laboratory) Initial water quality test results for the following shall be submitted prior to registration / permit issuance • Bacteriological quality • Nitrate • Nitrite			
		Subsequent water quality testing will be performed at frequencies for Transient Non-Community Water Systems (listed below): • Bacteriological quality Once per Quarter • Nitrate Once per year • Nitrite Once every 3 years			
		pof of testing may be required upon request or for renewal of registration or permit. Additional information and ater quality testing may be required.			
8.	<u>Liq</u> ı	uid Waste Disposal:			
	All liquid waste will be disposed into one of the following (select one): □ Public Sewer Service				
☐ Private Onsite Wastewater Treatment System (septic system)*		Private Onsite Wastewater Treatment System (septic system)*			
 By signing this application, you agree to immediately notify the Solano County Environmental Health Services Division at (707) 784-6765 in the event of septic system failure or plumbing problem. 					

*Evaluation by a consultant and/or upgrade of the existing septic system may be required based on records on file, design of the existing system, and/or extent of CFO food production.

9. Food Processor Course:

Initial that you will abide by the following: _____

Within 3 months of being approved to operate, proof of completion of the required California Department of Public Health (CDPH) food processor course for all persons preparing or packaging CFO food products will be provided to the Solano County Environmental Health Services Division. See the California Department of Public Health Website at http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx for more information about this course.

the cottage food operator, working within the regis	od employee, not including a family member or household member of stered or permitted area of a private home where the cottage food s are prepared or packaged for direct, indirect, or direct and indirect
11. Registered or permitted area(s):	
Portions of the home used for the preparation, pa	ckaging, storage, or handling or the cottage food products:
☐ Kitchen only	
☐ Kitchen + additional rooms/ areas - A draw	ving/sketch including these areas is attached.
12. Gross Annual Sales:	Initial that you will abide by the following:
a. The CFO shall not exceed the following	gross annual sales figures for the calendar year listed:
In 2015 and in subsequent years \$7	75,000 (Class A) / \$150,000 (Class B)
b. Sales above the levels will result in a loccur within a commercial food facility	loss of the CFO status and all operations will be required to cease or under permit.
13. Delivery Limitations:	Initial that you will abide by the following:
food products must be delivered directly (in pers	internet, mail or phone. However, all "Class A" & "Class B" CFO son) to the customer. The CFO products may not be delivered via at delivery method as this is regulated and subject to California ate and federal requirements.
14. CFO Owner's Statement:	
I agree to grant access to the Solano County En cottage food operation (mark one):	vironmental Health Services Division to conduct an inspection of my
"Class A": In the event of a cons complaint or reported food-borne	_ ,
	al Health Services Division prior to modifying my food list, type of or otherwise providing my CFO products to the consumer or ld, consigned, or given away.
I agree to renew my CFO registration or permit a	nnually while my CFO is in operation.
	Operation listed and that my Cottage Food Operation will meet and te laws and regulations applicable to Cottage Food Operations.
I certify that to the best of my knowledge and bel	ief the statements made herein are true and correct.
Print Name:	
Signature:	Date [.]

Initial that you will abide by the following: _____

10. Employee: