



**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](http://www.solanocounty.com)

OFFICIAL USE ONLY	
<input type="checkbox"/> Permit	<input type="checkbox"/> Registration
Site #: 16 _____ - _____ - ____ B	
Rec'd by: _____	
Date: _____	
Amt pd.: _____	
Rcpt #: _____	

**COTTAGE FOOD OPERATION (CFO) APPLICATION**

**CLASS A (DIRECT SALES)**  
 \_\_\_\_\_ New Registration

**CLASS B (DIRECT / INDIRECT SALES)**  
 \_\_\_\_\_ New Application

**1. General Information:**

CFO Business Name: \_\_\_\_\_

CFO Owner Name(s): \_\_\_\_\_

CFO Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (if different from above)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Planning Approval & Business License:** Complete the following:

- a.  Applicable zoning requirements to operate a CFO for the local jurisdiction are met.
- b.  The CFO has or will obtain a valid business license.

**3. CFO Category (type of sales):**

- a. Select the one category that describes the type of sales to occur from the CFO:
  - "Class A" (Direct Sales Only) – The Solano County "Cottage Food Operation (CFO) – Class A (Direct Sales Only) **Self Certification Checklist** form is completed and submitted.
  - "Class B" (Direct & Indirect Sales)
- b. Potential Days/Hours of operation: \_\_\_\_\_

**4. Prohibited Items:** Initial that you will abide by the following: \_\_\_\_\_

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.

**5. Food Products to Be Prepared at CFO:** Initial that you will abide by the following: \_\_\_\_\_

- a. Only CFO food products listed by the California Department of Public Health (CDPH) will be made and distributed. The CDPH "Approved Cottage Food List" can be found on-line at <http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx>
- b. Only CFO food products listed by the applicant on page 4 and approved by, the Solano County Environmental Health Services Division shall be prepared and distributed.

**6. Product Labeling:**

**Initial that you will abide by the following: \_\_\_\_\_**

a. All CFO food product labeling shall be in accordance with federal and state requirements. A summary of these requirements and an example of labeling can be found in the document “*Labeling Requirements for Cottage Food Products*” prepared by the California Department of Public Health, which can be found on-line: <https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/CottageFoodOperations.aspx>

b. **A copy of all CFO food product labeling must be attached to this application.**

**7. Water Source:**

Select 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

\* Proof of testing may be required upon request or for renewal of registration or permit. Additional information and water quality testing may be required.

**8. Liquid 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)\*

- 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: \_\_\_\_\_**

Until a Food Processor Course is offered by CDPH a Food Handler card is required every three years.

**10. Employee:** Initial that you will abide by the following: \_\_\_\_\_

No 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 shall be employed.

**11. Registered or permitted area(s):**

Portions of the home used for the preparation, packaging, storage, or handling of the cottage food products:

- Kitchen only
- Kitchen + additional rooms/ areas - A drawing/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 .... \$75,000 (Class A) / \$150,000 (Class B)

b. Sales above the levels will result in a loss of the CFO status and all operations will be required to cease or occur within a commercial food facility under permit.

**13. Delivery Limitations:** Initial that you will abide by the following: \_\_\_\_\_

Orders and payments may be accepted via the internet, mail or phone.

**14. CFO Owner's Statement:**

I agree to grant access to the Solano County Environmental Health Services Division to conduct an inspection of my cottage food operation (mark one):

- |  |   |
|--|---|
| <input type="checkbox"/> <b>“Class A”:</b> In the event of a consumer complaint or reported food-borne illness | <input type="checkbox"/> <b>“Class B”:</b> For regular annual facility inspections and in the event of a consumer complaint or food-borne illness |
|--|---|

I agree to notify the Solano County Environmental Health Services Division 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.

I agree to renew my CFO registration or permit annually while my CFO is in operation.

I certify that I am the operator of the Cottage Food Operation listed and that my Cottage Food Operation will meet and comply with the requirements of all federal and state laws and regulations applicable to Cottage Food Operations.

I certify that to the best of my knowledge and belief the statements made herein are true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Select all Items you wish to Sell**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Baked Goods         | <input type="checkbox"/> Dried Pasta                 | <input type="checkbox"/> Honey                                | <input type="checkbox"/> Popcorn                   |
| <input type="checkbox"/> Candy               | <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"/> Cotton Candy        | <input type="checkbox"/> Dried/Dehydrated Vegetables | <input type="checkbox"/> Vegetable/Potato Chips               | <input type="checkbox"/> Dried Vegetarian Soup Mix |
| <input type="checkbox"/> Fruit Empanadas     | <input type="checkbox"/> Nut Butters                 | <input type="checkbox"/> Dried Tea                            | <input type="checkbox"/> Roasted Coffee            |
| <input type="checkbox"/> Sweet Sorghum Syrup | <input type="checkbox"/> Granola/Cereals             | <input type="checkbox"/> Chocolate Covered Nonperishable Food |  |

Other: \_\_\_\_\_ \*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>

**Food Product Description:**

List description of the food product and its primary ingredients (use additional sheets if necessary):

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**Food Preparation Equipment:** Example: Teflon baking pan, plastic cutting board

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**Packaging Equipment** (All items must be food grade):

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## Appendix: *Labeling*

**Provide a sample label for each cottage food product or use the back of this page. Include the following:**

- (1) The words "**Made in a Home Kitchen**" in 12-point type on the cottage food product's primary display panel.
- (2) The name commonly used for the food product or an adequately descriptive name.
- (3) The name of the cottage food operation which produced the cottage food product.
- (4) The registration or permit number of the "Class A" or "Class B" cottage food operation, respectively, which produced the cottage food product and, in the case of a "Class B" cottage food operation, the name of the county or the local enforcement agency that issued the permit number.
- (5) The ingredients of the cottage food product, in descending order of predominance by weight. If you use a prepared item in your recipe, you must list the sub ingredients as well. For example: soy sauce is not acceptable, soy sauce (wheat, soybeans, salt) would be acceptable.
- (6) The name and place of business of the manufacturer, packer, or distributor per the Federal Food, Drug and Cosmetic Act (21 U.S.C. Sec 343)
- (7) The net quantity (count, weight, or volume) of the product, stated in English or metric units.
- (8) Allergen labeling as specified in the Federal Food, Drug and Cosmetic Act (21 U.S.C. Sec 343)
- (9) Compliance with the Food, Drug and Cosmetic Act (21 U.S.C. Sec. 343 et seq.)

If your label lists calories or nutrients or makes health claims, the label shall include nutritional information as required by the Federal Food, Drug and Cosmetic Act (21 U.S.C. Sec 343 et seq.). Verification of third-party testing will be required.

Here is an example of a label.



*Note: Street address is only required if the individual or business is not listed in the phone book. All labels must list the city, state and zip code.*

*Attachment D: Floor Plan*

*Attachment D*

**Sketch a floor plan of your Cottage Food Operation which includes the following: Food production, processing and storage areas, restroom, hand washing area in kitchen.**

A large, empty rectangular box with a thin orange border, occupying the majority of the page below the instructions. This box is intended for the user to draw a floor plan for their Cottage Food Operation, including areas for food production, processing, storage, a restroom, and a hand washing area in the kitchen.



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<b>OFFICIAL USE ONLY</b>
Site #: 16R-_____ - ____ B
Reviewed by: _____
Date: _____

**COTTAGE FOOD OPERATION (CFO) - CLASS A (DIRECT SALES ONLY)**  
**SELF CERTIFICATION CHECKLIST**

CFO Business Name: \_\_\_\_\_

CFO Owner Name(s): \_\_\_\_\_

CFO Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (if different from above)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

The following requirements are contained in the California **Homemade Food Act** that amended sections 109947, 110050, 110460, 111955, 113789, 113851, 114021, 114023, 114390, 114405, and 114409 and added Sections 113758 and 114088 and added Chapter 11.5 (commencing with Section 114365) to Part 7 of Division 104 of, the Health and Safety Code, relating to food safety, specifically Cottage Food Operations.

**Facility Requirements:**

Yes      No

1. The CFO is located in a private dwelling where the CFO operator currently resides	<input type="checkbox"/>	
2. All CFO food preparation will take place in the private kitchen within that home.	<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"/>	
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"/>	

**Zoning Requirements:**

Yes      No

5. Applicable zoning requirements for operation of the CFO are met.	<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. All persons preparing or packaging CFO products have completed the California Department of Public Health food processor course?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, proof of completion attached.	<input type="checkbox"/>	
b. If NO, complete course within 3 months of CFO registration.	<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"/>	

**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"/>	
10. All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO food products shall be washed, rinsed, and sanitized before each use.	<input type="checkbox"/>	
11. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.	<input type="checkbox"/>	

**Food Preparation Requirements (includes packaging and handling):**

Yes No

12. Hand washing is performed 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"/>	
13. Warm water, hand soap and clean towels are available for hand washing.	<input type="checkbox"/>	
14. All food ingredients used in the CFO products are from an approved source.	<input type="checkbox"/>	
15. Potable water shall be used for hand washing, utensil and ware washing and as an ingredient.	<input type="checkbox"/>	
16. Is your water source a private water supply (well, spring, surface)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, testing for bacteria, nitrate & nitrite is completed and water is potable.	<input type="checkbox"/>	<input type="checkbox"/>
<i>During the preparation, packaging or handling of CFO products:</i>		
17. 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"/>	
18. Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen.	<input type="checkbox"/>	
19. Smoking is not allowed.	<input type="checkbox"/>	
20. Any person with a contagious illness shall refrain from work in the CFO.	<input type="checkbox"/>	

**Labeling Requirements:**

Yes No

21. A copy of the label is attached or has been submitted to the Solano County Environmental Health Services Division for review and approval for all CFO food products.	<input type="checkbox"/>	
22. CFO food product labels comply with all federal and state labeling requirements.	<input type="checkbox"/>	

I certify that I am the operator of the Cottage Food Operation listed and that my Cottage Food Operation will meet and comply with the requirements of the California Homemade Food Act, AB 1616 (Gatto), as it pertains to a "Class A" Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify the Solano County Environmental Health Services Division of any intended changes. I certify that to the best of my knowledge and belief the statements made herein are true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_