

TRINITY COUNTY

Environmental Health Department 61 Airport Rd. PO Box 476 Weaverville, CA 96093

Phone: 530-623-1459 Fax: 623-1353

<u>Application - Permit to Operate a Cottage Food Operation</u>
Complete this application, sign, date, and submit to the above address with the Annual Permit Fee: \$ CFO A \$62.00 CFO B \$165

Doing Business As: _____

Facility Address/Location:
Existing Facility: Yes No
f any new construction, remodeling, or equipment change is planned, contact TCEH for
the requirements, or TC Building Department for required permits at 530-623-1354.
Business Owner:
Mailing Address:
Phone Number:
Business Owner's Email:
Property Owner Name (if different):
Mailing Address:
Phone Number:
Phone Number: Property Owner's Email:
Type of Food Facility/Description of Operation & Foods (may be permanent, temporary, or
mobile unit.)
Ford Handley Coul Fig. 10 Pales
Food Handlers Card Expiration Date: Number of Employees
Water SupplyType of Sewage Disposal SystemCommissary Name and Location for Mobile Food Prep Units:
Other Pertinent Information
CONDITIONS of APPROVAL: Following a review of complete and satisfactory renewal application
nformation and facility inspection, a permit-to-operate shall be issued. The facility must be operated in
accordance with the California Health & Safety Code/California Retail food Code (CalCode)
A. th. O
As the Owner Operator of this Cottage Food Operation, I certify that should a permit be granted, I shall observe the above-named regulations. I also agree the representatives of Trinity County
Environmental Health may perform inspections during the hours of operation, or by appointment after
nours.
<mark>Signature</mark> : Date:
REVIEW COMMENTS: BuildingOK
Water OK
Sewage OK
APPROVED by R.E.H.S. DATE:
Water OK Sewage OK APPROVED by R.E.H.S. DATE: cc: Building Dept. Alcoholic Beverage Control
NOTE: Office Hours 8am-2pm Monday – Thursday. Closed Fridays. Call in for special appointments.

TRINITY COUNTY ENVIRONMENTAL HEALTH DIVISION

P.O. Box 476 – 61 Airport Road, Weaverville, CA 96093 Phone: (530) 623-1459 Fax: (530) 623-1353

CALIFORNIA HOMEMADE FOOD ACT AB 1616 (GATTO) REGISTRATION / PERMITTING FORM

CFO Business Name:		Date:		
CFO Physical Address:	CFO City:	CFO ZIP:		
Owner Name:	Owner Phone:	Owner Cell:		
Mailing Address (if different):	Mailing City:	Mailing ZIP:		
Email Address:				
Website:				
1. <u>Categories:</u> "Class A" (Direct Sales Only)	☐ "Class B" (Direct &	Indirect Sales)		
2. Prohibited Items: Initial in	f you agree to abide by t	the following:		
Foods containing cream , custard , or me ALLOWED . Only foods that are define preparation by a Cottage Food Operatio refrigeration to keep them safe from ba illness.	ed as "non-potentially haz in (CFO). These are food	zardous" are approved to litems that do not require		
3. "Class A" Self Certification Chec	klist:			
Checklist completed ("Class A" CFOs O	nly)			
4. Products: Please check ALL of the items you will be	e preparing and/or selling.			
☐ Baked Goods☐ Dried Pasta☐ Candy☐ Dry Baking Mixes	☐ Honey 〔	☐ Popcorn ☐ Vinegar		

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					•
Regula Fo	od descriptions:	cessoata.iua.gov	SCIPIS/CCITIV	CIUCUS/CICI IVOI	NOCESTITION IN AIR 150
	e items must comoly	with standards d	escribed in F	Part 150 of Title 2	of the Code of Federal RSearch.cfm?CFRPart=150
	Other:				
	Sweet Sorghum Syrup	☐ Granola/0	Cereals	☐ Chocolate Food	Covered Nonperishable
	Fruit Empanadas	☐ Nut Butte	rs	☐ Dried Tea	Roasted Coffee
	Trail Mix	☐ Fruit Tam	ales/Pies	☐ Nuts/Nut M	ixes Dried Fruit
	Dried Mole Paste	☐ Herb/Spic	e Blends	Pizelles	☐ Jams/Jellies**

Emile Dukkon **

For a detailed description, see the CDPH document "<u>Labeling Requirements for Cottage Food Products</u>." All cottage food products must be properly labeled in compliance with the Federal, Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 343 et seq.) The label must include:

- The words "Made in a Home Kitchen" in 12-point type
- The name commonly used to describe the food product
- The name city, state and zip code of the cottage food operation which produced the cottage food product. If the firm is not listed in the current telephone directory then a street address must also be declared. (A contact phone number or email address is optional but may be helpful for consumers to contact your business.
- The registration or permit number of the cottage food operation which produced the cottage food product and in the case of "Class B" CFOs, the name of the county where the permit was issued.
- The ingredients of the food product, in descending order of predominance by weight, if the product contains two or more ingredients.
- The net quantity (count, weight, or volume) of the food product. It must be stated in both English (pound) units and metric units (grams).
- A declaration on the label in plain language if the food contains any of the eight major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans. There are two approved methods prescribed by federal law for

declaring the food sources of allergens in packaged foods: 1) in a separate summary statement immediately following or adjacent to the ingredient list, or 2) within the ingredient list.

- If the label makes approved nutrient content claims or health claims, the label must contain a "Nutrition Facts" statement on the information panel.
 - The use of the following eleven terms are considered nutrient content claims (nutritional value of a food): free, low, reduced, fewer, high, less, more, lean, extra lean, good source, and light. Specific requirements have been established for the use of these terms. Please refer to the <u>Cottage Food Labeling Guideline</u> for more details.
 - A health claim is a statement or message on the label that describes the relationship between a food component and a disease or health-related condition (e.g., sodium and hypertension, calcium and osteoporosis). Please refer to the <u>Cottage Food Labeling Guideline</u> for more details.
- Labels must be legible and in English (accurately translated information in another language may accompany it).
- Labels, wrappers, inks, adhesives, paper, and packaging materials that come into contact with the cottage food product by touching the product or penetrating the packaging must be food-grade (safe for food contact) and not contaminate the food.

Example:

MADE IN A HOME KITCHEN

Permit #: 12345
Issued in county: County name

Chocolate Chip Cookies With Walmuts Sally Baker 123 Cottage Food Lane Anywhere, CA 90XXX

Ingredients: Enriched flour (Wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin and folic acid), butter (milk, salt), chocolate chips (sugar, chocolate liquor, cocoa butter, butterfat (milk), walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.

Contains: Wheat, eggs, milk, soy, walnuts

Net Wt. 3 oz. (85.049g)

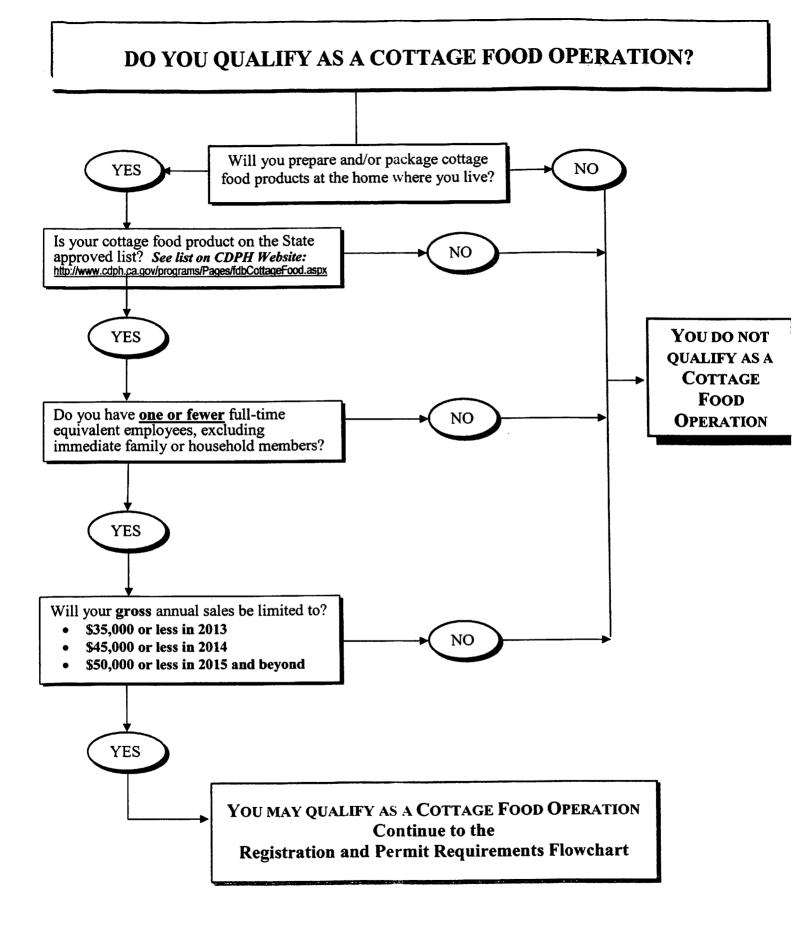
Note: For the "Issued in County" – Identify the jurisdiction (Trinity County) where you are obtaining approval.

Please identify the water source to be used in Cottage Food Facility (Check one box)
Name of Public Water System or Community Services District:
If you use a Private Water Supply**, identify the source (well, spring, surface, etc.):
Private Water Supply: Initial Water Quality Results Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. Then either attach lab results or provide name of lab, date & results in space provided next to type of test. * (Testing Frequencies for Transient Non-Community Water Systems after initial testing)
☐ Bacteriological Test (<i>quarterly*</i>):
── Nitrate Test (yearly*):
☐ Nitrite (overy 3 years*):
**Additional information may be required if food is prepared from a home with a private water supply – Check with local jurisdiction
7. <u>Disposal of Waste:</u> Please check what type of treatment is used to dispose of waste
☐ Public Sewer Service ☐ Private Septic System
 In the event of septic system failure or plumbing problem, you are required to notify the Lassen County Environmental Health immediately.
8. Food Processor Course: Initial if you agree to abide by the following:
Within 3 months of being approved to operate by the Environmental Health Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course*. Proof of completion may be faxed to our Department at (530) 623-1353, or mailed to P.O. Box 476, Weaverville, CA 96093. * See CDPH Website for more information: http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx
9. Employee: Initial if you agree to abide by the following:
I understand that I may not have 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

6. Water Source:

direct and indirect sale to consumers.

10. Gross Annual Sales:	Initial if you agree to abide by the following: $\sqrt{}$
Lunderstand that Lwill lose my	CFO status and will need to become permitted in a ess exceeds the following gross annual sales figures for able:
Calendar Year In 2013 In 2014 In 2015 and in subsequent y	\$45,000
11. Delivery Limitations:	Initial if you agree to abide by the following: 🗸
I understand that I may accept orders "Class A" & "Class B" CFO products CFO products may not be delivered."	and payments via the internet, mail or phone. However, all must be delivered <u>directly</u> (in person) to the customer. The ria US Mail, UPS, FedEx or using any other indirect delivery CDPH registration and state and federal requirements.
12. Owner's Statement:	
I,conduct an inspection of my cottag	, agree to grant access to the local health department to e food operation (mark one):
"Class A": In the event of a consumer complaint or report food-borne illness	ted "Class B": For regular annual facility inspections and in the event of a consumer complaint or food-borne illness
prior to modifying my food list type	, agree to notify the Trinity County Environmental Health of operation, and/or method of selling, distributing, or cts to the consumer or retailers, regardless of whether iven away.
Owner's Signature	Print Name Date
OFFICE USE ONLY	
AMT REC'D DATE REC'D DATE OF PAYMENT PA CHECK# DATE OF CH	O(2) CHECK YMENT TYPE: (1) CASH(2) CHECK INVOICE# PROGRAM REC #
Approved By:	Date:
Environmenta	l Health Specialist



TRINITY COUNTY ENVIRONMENTAL HEALTH DIVISION

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COTTAGE FOOD OPERATIONS (CFOs - Class A) 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		FA		PR	PE	
<u></u>	Above bold boxes for office use or					
Fa	cility Requirements:				Yes	No
1.	The CFO is located in a private dwelling w	here the C	CFO operator curr	ently resides		
2.	All CFO food preparation will take place in	the privat	e kitchen within th	nat home.		
3.	Additional storage used for the CFO will be	e within th	e home.			
	a. If YES, is the room used exclusive	ely for stor	age?			
	b. Specify the room(s) that will be us	ed for sto	rage?			
4.	4. Sleeping quarters are excluded from areas used for CFO food preparation or storage.					
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	ning Requirements:				Yes	No
5.	I have complied with the applicable zoning	g requirem	ents for the CFO		res	
<u> </u>					Yes	
5.	I have complied with the applicable zoning				Tes	
5. 6.	I have complied with the applicable zoning				Yes	No No
5. 6.	I have complied with the applicable zoning I have attached documentation from the F	Planning of	ffice (If required)			
5. 6.	I have complied with the applicable zoning I have attached documentation from the P Inployee and Training Requirements: Have all persons preparing or packaging	Planning of	ffice (If required)			
5. 6.	I have complied with the applicable zoning I have attached documentation from the F inployee and Training Requirements: Have all persons preparing or packaging processor course?	Planning of CFO production	ffice (If required) ucts completed th			
5. 6.	I have complied with the applicable zoning I have attached documentation from the F inployee and Training Requirements: Have all persons preparing or packaging processor course? a. If YES, copies of certificates are a b. If NO, complete course within 3 m	CFO productated.	ffice (If required) ucts completed the	e CDPH food		
5. 6. En	I have complied with the applicable zoning I have attached documentation from the F Inployee and Training Requirements: Have all persons preparing or packaging processor course? a. If YES, copies of certificates are a b. If NO, complete course within 3 m The CFO has no more than 1 full-time equipments.	CFO productated.	ffice (If required) ucts completed the	e CDPH food	Yes	

Sa	nitation Requirements:			
9.	Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair.			
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.			
11.	All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.			
Fo	od 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.			
13.	Warm water, hand soap and clean towels are available for hand washing.			
14.	All food ingredients used in the CFO products are from an approved source.			
15.	Potable water shall be used for hand washing, ware washing and as an ingredient.			
16.	Is your water source a private water supply (well, spring, surface)?			
	a. If YES, have you completed testing for bacteria, nitrate & nitrite?			
17.	Is your water source a public water system or community services district?			
	a. If YES, what is the name of the system or district?			
Dui	ring 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.			
19.	Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen.			
20.	Smoking is excluded.			
21.	Any person with a contagious illness shall refrain from work in the CFO.			
		Voc	No	
	beling Requirements:	Yes	No.	
22.	A copy of the label has been submitted to this Department for review and approval.			
23.	I have attached a sample label.			
By signing below you are certifying that you meet 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 Trinity County Environmental Health Division of any intended changes to the above statement. Cottage Food Operator Checklist completed and submitted by:				
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	Owner's Signature Print Name L	Date		