



TRINITY COUNTY
Environmental Health Department
 61 Airport Rd. PO Box 476
 Weaverville, CA 96093
 Phone: 530-623-1459 Fax: 623-1353

Application - Permit to Operate a Cottage Food Operation

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 _____

If 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: _____

Property Owner's Email: _____

Type of Food Facility/Description of Operation & Foods (may be permanent, temporary, or mobile unit.) _____

Food Handlers Card Expiration Date: _____ Number of Employees _____

Water Supply _____ Type of Sewage Disposal System _____

Commissary Name and Location for Mobile Food Prep Units: _____

Other Pertinent Information _____

CONDITIONS of APPROVAL: Following a review of complete and satisfactory renewal application information 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)*

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 hours.

Signature: _____ **Date:** _____

REVIEW COMMENTS: Building _____ OK _____
 Water _____ OK _____
 Sewage _____ OK _____

APPROVED by R.E.H.S. _____ DATE: _____

cc: Building Dept. _____ Planning 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. Categories:

- "Class A" (Direct Sales Only) "Class B" (Direct & Indirect Sales)

2. Prohibited Items: Initial if you agree to 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.

3. "Class A" Self Certification Checklist:

- Checklist completed ("Class A" CFOs Only)

4. Products:

Please check ALL of the items you will be preparing and/or selling.

- Baked Goods Dried Pasta Honey Popcorn
 Candy Dry Baking Mixes Mustard 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"/> 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 | |
| <input type="checkbox"/> Other: | | | |

**These items must comply with standards described in Part 150 of Title 21 of the Code of Federal Regulations <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150>

Food descriptions:

5. Product Labeling: Initial if you agree to abide by the following: _____

For a detailed description, see the CDPH document "Labeling Requirements for Cottage Food Products." 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 Cottage Food Labeling Guideline 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 Cottage Food Labeling Guideline 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:

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|---|
| <p>MADE IN A HOME KITCHEN Permit #: 12345 Issued in county: County name</p> <p>Chocolate Chip Cookies With Walnuts Sally Baker 123 Cottage Food Lane Anywhere, CA 90XXX</p> <p>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.</p> <p>Contains: Wheat, eggs, milk, soy, walnuts</p> <p>Net Wt. 3 oz. (85.049g)</p> |
|---|

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

6. Water Source:

Please identify the water source to be used in Cottage Food Facility (Check one box)

| |
|---|
| <input type="checkbox"/> Name of Public Water System or Community Services District: |
| <input type="checkbox"/> If you use a <u>Private Water Supply</u> ** , 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) |
| <input type="checkbox"/> Bacteriological Test (quarterly*): |
| <input checked="" type="checkbox"/> Nitrate Test (yearly*): |
| <input checked="" type="checkbox"/> Nitrite (every 3 years*): |

**Additional information may be required if food is prepared from a home with a private water supply – Check with local jurisdiction

7. Disposal of Waste:

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: ✓

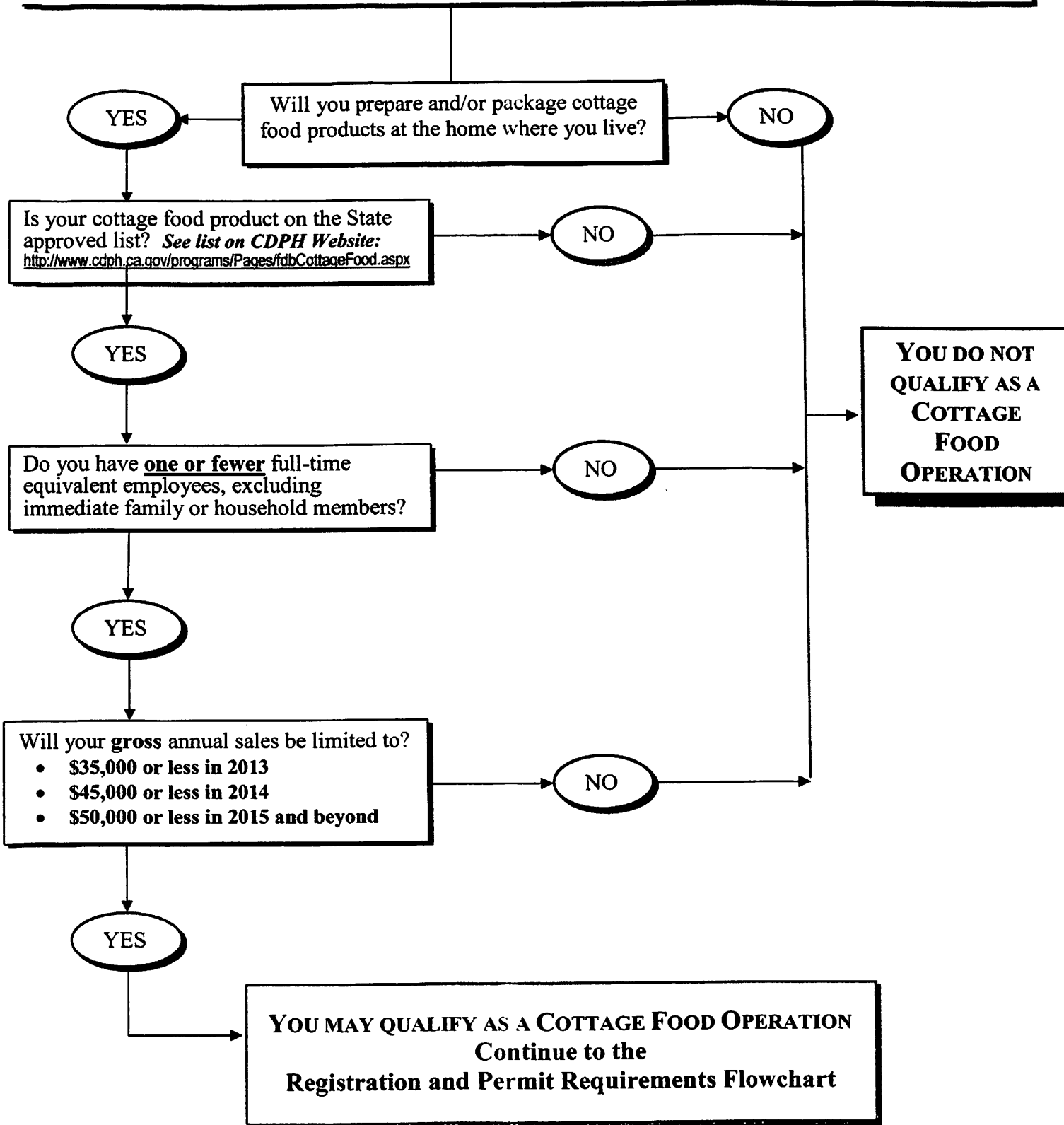
Within 3 months of being approved to operate by the Environmental Health Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course*. Proof of completion may be faxed to our Department at (530) 623-1353, or mailed to P.O. Box 476, 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 direct and indirect sale to consumers.

DO YOU QUALIFY AS A COTTAGE FOOD OPERATION?



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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 | 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"/> |

Yes No

