ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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 S	ales)		
2. Prohibited Items: Initial if	you agree to abide by t	he follow	ving:		
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 Chec	<u>klist:</u>				
☐ Checklist completed ("Class A" CFOs On	ly)				

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				
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				
☐ Fruit Empanadas	□ Nut Butters	☐ Dried Tea	☐ Roasted Coffee				
Sweet Sorghum Syrup	Granola/Cereals	Chocolate Cove	red Nonperishable				
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 "<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 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 <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 Walnuts 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 (city/county) where you are obtaining approval.

6. Water Source:

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

Name of Public Water Syster	m or Community Services District:
If you use a Private Water Su	upply**, identify the source (well, spring, surface, etc.):
	r testing has been completed.
Bacteriological Test (quar	rterly*):
☐ Nitrate Test (yearly*):	
☐ Nitrite (every 3 years*):	
L *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 tre	atment is used to dispose of waste
☐ Public Sewer Service	e Private Septic System
	n failure or plumbing problem, you are required to notify nt of Environmental Health immediately.
B. Food Processor Cou	urse: Initial if you agree to abide by the following:
olease provide proof of comp (CDPH) food processor cours Proof of completion may be fa	approved to operate by the Environmental Protection Division, pletion of the required California Department of Public Health e.*. axed to our Department at 510-337-9432. brmation: http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx
9. <u>Employee:</u>	Initial if you agree to abide by the following:
understand that I may not ha	ave more than one full-time equivalent cottage food employee,

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.

10.	Gross Annual Sales:	Initial if you agree to abide by the follo	owing:	
comm		CFO status and will need to become posses exceeds the following gross annual satisfies		
	Calendar Year	Gross Annual Sales		
	In 2013 In 2014 In 2015 and in subsequent y	\$45,000		
11. <u>1</u>	Delivery Limitations:	Initial if you agree to abide by the fo	llowing:	
"Class	s A" & "Class B" CFO products products may not be delivered v	s and payments via the internet, mail or phon must be delivered <u>directly</u> (in person) to the o via US Mail, UPS, FedEx or using any other i o CDPH registration and state and federal rec	customer. The ndirect delivery	
12.	Owner's Statement:			
I,condu	uct an inspection of my cottage	, agree to grant access to the local health e food operation (mark one):	department to	
	"Class A": In the event of a consumer complaint or repor food-borne illness	ted "Class B": For regular inspections and in the consumer complaint or foo	event of a	
I,, agree to notify Alameda County Department of Environmental Health 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.				
	Owner's Signature	Print Name	Date	
OFFIC	E USE ONLY			
AMT R		ATE REC'D YMENT TYPE: (1) CASH (2)CHECK (3) CREDI	T/DERIT	
CHEC	K# DATE OF CI	HECK INVOICE# PR #		
OW #_	FA#	PK # <u></u>		
DATE APPROVED & BY				
OFFICER:				