



AMADOR COUNTY ENVIRONMENTAL HEALTH

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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. Zoning:

Applicable zoning requirements have been met and/or a business license has been obtained and is attached.

4. **“Class A” Self Certification Checklist:**

Checklist completed (“Class A” CFOs Only)

5. **Products:**

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Baked Goods w/o Cream, Custard, or Meat Filling | <input type="checkbox"/> Candy such as Brittle or Toffee | <input type="checkbox"/> Honey, Sweet Sorghum Syrup | <input type="checkbox"/> Popcorn, Popcorn Balls |
| <input type="checkbox"/> Vegetable/Potato Chips | <input type="checkbox"/> Dry Baking Mixes | <input type="checkbox"/> Ground Chocolate | <input type="checkbox"/> Vinegar, Mustard |
| <input type="checkbox"/> Dried Pasta | <input type="checkbox"/> Waffle Cones, Pizelles | <input type="checkbox"/> Marshmallows NOT Containing Eggs | <input type="checkbox"/> Dried/ Dehydrated Vegetables |
| <input type="checkbox"/> Herb Blends, Dried Mole Paste | <input type="checkbox"/> Buttercream Frosting NOT Containing Eggs, Cream, or Cream Cheese | <input type="checkbox"/> Seasoning Salt | <input type="checkbox"/> Jams, Jellies, Preserves, Fruit Butter** |
| <input type="checkbox"/> Cotton Candy | <input type="checkbox"/> Fruit Empanadas, Fruit Tamales, Fruit Pies | <input type="checkbox"/> Nuts, Nut Mixes, Nut Butters | <input type="checkbox"/> Dried Fruit |
| <input type="checkbox"/> Candied Apples | <input type="checkbox"/> Flat Icing | <input type="checkbox"/> Dried Vegetarian-based Soup Mixes | <input type="checkbox"/> Roasted Coffee, Dried Tea |
| <input type="checkbox"/> Chocolate Covered Nonperishable Food | <input type="checkbox"/> Granola, Cereals, Trail mixes | <input type="checkbox"/> Confections such as Salted Caramel, Fudge, Marshmallow Bars, Hard Candy | |
| <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: _____

6. 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 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:

<p style="text-align: center;">MADE IN A HOME KITCHEN Permit #: 12345 Issued in county: County name</p> <p style="text-align: center;">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 style="text-align: center;">Net Wt. 3 oz. (85.049g)</p>

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

A copy of the label for each food product has been submitted to this Department for review and approval. A sample label for each food product is attached.

7. Water Source:

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

Municipal Water System or Community Services District. Name: _____

Private Water Supply. Describe (well, spring, other): _____

Private source must be a properly constructed well or spring

Private Water Supply – Attach the following initial water quality monitoring results

(Required ongoing monitoring frequencies shown in parentheses)

- Bacteriological Test (*annually – Class B to provide annual coliform bacteria results during annual inspection*)
- Nitrate as NO₃ (*once*)
- Nitrite as N (*once*)
- Nitrate + Nitrite (sum as N) (*once*)

All samples must be taken to a certified laboratory.

The Department has a coliform bacteria fact sheet that contains information on what to do in the event contamination is reported.

8. 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 **Amador County Environmental Health Department** immediately.

9. Food Processor Course: Initial if you agree to abide by the following: _____

Within 3 months of being approved to operate by the Environmental Health Department, 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 **(209) 223-6228**.

* See CDPH Website for more information: <http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx>

10. 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.

11. Gross Annual Sales: Initial if you agree to abide by the following: _____

I understand that I will lose my CFO status and will need to become permitted in a commercial facility if my CFO business exceeds \$50,000 gross annual sales figures for any calendar year.

12. Delivery Limitations: Initial if you agree to abide by the following: _____

I understand that I may accept orders and payments via the internet, mail or phone. However, all "Class A" & "Class B" CFO products must be delivered directly (in person) to the customer. The CFO products may not be delivered via US Mail, UPS, FedEx or using any other indirect delivery method as this is regulated/subject to CDPH registration and state and federal requirements.

13. Temporary Events: Initial if you agree to abide by the following: _____

A temporary food facility is a food facility that operates only as part of approved community events or swap meets at a fixed location not to exceed the duration of the community events or swap meets. Community events are events open to the public which are of civic, political, public, or educational nature, including state and county fairs, city festivals, circuses, and other public gathering events which are deemed compliant by oversight agencies. CFOs wishing to participate in such events shall obtain a temporary food facility permit, which currently costs \$112, and remains valid until the end of the calendar year provided the menu, personnel and equipment remain unchanged. Please ask the Amador County Environmental Health Department for a *Temporary Food Facility Operator's Packet*.

14. Owner's Statement:

I, _____, agree to grant access to the local health department to conduct an inspection of my cottage food operation (mark one):

“Class A”: In the event of a consumer complaint or reported food-borne illness

“Class B”: For regular annual facility inspections and in the event of a consumer complaint or food-borne illness

I, _____, agree to notify **Amador County Environmental Health Department** 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

I understand that only foods listed on the CDPH approved cottage foods list are approved for preparation.

OFFICE USE ONLY

AMT REC'D _____ DATE REC'D _____
DATE OF PAYMENT _____ PAYMENT TYPE: (1) CASH _____ (2) CHECK(3) CREDIT/DEBIT
CHECK# _____ DATE OF CHECK _____ INVOICE# _____
OWNER # _____ FACILITY # _____ PROGRAM REC # _____

DATE APPROVED _____ & BY: _____