



For Office Use Only:
 Record ID: _____
 Facility ID: _____
 Reviewed by: _____

COTTAGE FOOD OPERATION (CFO) FORM

APPLICATION TYPE:

[FEES](http://www.smcgov.org/foodforms) (www.smcgov.org/foodforms)

CLASS A (1590) DIRECT SALES:

NEW REGISTRATION ANNUAL RENEWAL

CLASS B (1591) DIRECT/INDIRECT SALES:

NEW APPLICATION ANNUAL RENEWAL

BUSINESS INFORMATION

OWNER INFORMATION

NAME OF BUSINESS: _____

OWNER NAME: _____

CFO ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

CITY: _____ ZIP CODE: _____

WEBSITE: _____

PHONE: _____ MOBILE: _____

HOURS OF OPERATION: _____

E-MAIL ADDRESS: _____

SAME AS
CFO
ADDRESS

CFO GENERAL REQUIREMENTS

The following requirements are outlined in Section 114365 of the California Retail Food Code as minimum standards of health and safety for the preparation of approved cottage foods in the home. All requirements must be affirmed by owner and approved by this Department. CFO's are required to renew their registration/permit annually by completing this form and submitting to San Mateo County Environmental Health for approval.

	YES	NO
Does the entire CFO (e.g., food/equipment storage, food preparation, product packaging, etc.) occur within the private home where the CFO owner resides?	<input type="checkbox"/>	<input type="checkbox"/>
Are infants, small children, and pets excluded from the kitchen during all parts of the CFO?	<input type="checkbox"/>	<input type="checkbox"/>
Does the CFO owner ensure that no other domestic activities, such as family meal preparation, dish washing, kitchen cleaning, clothes washing/ironing, or guest entertainment occur during the CFO?	<input type="checkbox"/>	<input type="checkbox"/>
Are all items pertaining to the CFO stored in the kitchen or in a room used exclusively for such storage?	<input type="checkbox"/>	<input type="checkbox"/>
Are all food preparation and food/equipment storage areas maintained free from rodents and insects?	<input type="checkbox"/>	<input type="checkbox"/>
Is smoking prohibited in all areas of the private home used for the CFO, including food/equipment storage rooms, and the kitchen when cottage foods are being prepared or packaged?	<input type="checkbox"/>	<input type="checkbox"/>
Are kitchen utensils and equipment maintained clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are utensils, food contact surfaces, and equipment used in the CFO washed, rinsed and sanitized before each use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to have no more than one full-time equivalent employee? (Family/household members not included)	<input type="checkbox"/>	<input type="checkbox"/>
Do all persons involved in the CFO have proof of completion for the California Food Handler Course? Attach proof. (New CFO's must obtain certification within 3 months of operating)	<input type="checkbox"/>	<input type="checkbox"/>
Are hand washing supplies (warm water, liquid hand soap and paper towels) provided for proper hand washing at all times during the CFO?	<input type="checkbox"/>	<input type="checkbox"/>
Are hands washed properly prior to preparing or packaging foods and after engaging in any activity that contaminates hands, such as using the toilet, coughing or sneezing into hands, eating, or smoking?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers (including owner) excluded from the CFO if experiencing signs/symptoms of a contagious illness?	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if my Gross Annual Sales exceed the limitations set by law (below), I will no longer qualify to operate my CFO from my home kitchen. Future activities must be from a commercial food facility with all applicable permits. LIMITS: \$35,000 in 2013; \$45,000 in 2014; and \$50,000 in 2015 and subsequent years	<input type="checkbox"/>	<input type="checkbox"/>

ZONING REQUIREMENT *The local zoning administrator may require that you apply for a permit to use your residence as a CFO.*

I UNDERSTAND THAT I MUST OBTAIN APPROVAL FROM MY LOCAL ZONING ADMINISTRATOR BEFORE OPERATING _____

Initial Here

WATER SOURCE Potable water must be available at all times during the CFO for hand washing, ware washing, and for use as an ingredient.

Select the water source for your CFO kitchen.

Public Water System Name: _____

Private Water Source
(Contact Environmental Health prior to submitting this form)

WASTE DISPOSAL Select your disposal method for sewage and gray water waste. In the event of a sewage back-up or septic system failure, you are required to notify San Mateo County Environmental Health and cease CFO until approved to reopen.

Public Sewer System

Private Septic System

PRODUCTS TO BE SOLD (select all that apply)

Non-Potentially Hazardous Foods listed on the [CFO Approved List](#) allowed only, typically food items that do not require refrigeration to keep them safe from causing illness.

- | | | | | | |
|---|---|--|---|--|---|
| <input type="checkbox"/> Fruit Pies | <input type="checkbox"/> Fruit Empanadas | <input type="checkbox"/> Dried Pasta | <input type="checkbox"/> Dry Baking Mix | <input type="checkbox"/> Nut Mixes | <input type="checkbox"/> Hard Candy (e.g., brittle, toffee) |
| <input type="checkbox"/> Herb Blend | <input type="checkbox"/> Dried Mole Paste | <input type="checkbox"/> Fruit Tamales | <input type="checkbox"/> Granola | <input type="checkbox"/> Nut Butters | <input type="checkbox"/> Chocolate Covered Nuts |
| <input type="checkbox"/> Seasoning Salt | <input type="checkbox"/> Popcorn | <input type="checkbox"/> Vinegar | <input type="checkbox"/> Trail Mix | <input type="checkbox"/> Cereal | <input type="checkbox"/> Dried Fruit/Vegetables |
| <input type="checkbox"/> Sweet Sorghum | <input type="checkbox"/> Roasted Coffee | <input type="checkbox"/> Dried Tea | <input type="checkbox"/> Mustard | <input type="checkbox"/> Veg./Potato Chips | <input type="checkbox"/> Dried Veg.-Based Soup Mix |
| <input type="checkbox"/> Cotton Candy | <input type="checkbox"/> Candied Apples | <input type="checkbox"/> Waffle Cones | <input type="checkbox"/> Pizzelles | <input type="checkbox"/> Ground Chocolate | <input type="checkbox"/> Dried Grain Mixes |
| <input type="checkbox"/> Caramel | <input type="checkbox"/> Fudge | <input type="checkbox"/> Marshmallows | <input type="checkbox"/> Donuts | <input type="checkbox"/> Waffles | <input type="checkbox"/> Honey |
| <input type="checkbox"/> Other: _____ | | | | | |

Jam Jelly Preserves Fruit Butter *Must comply with the standard described in [Part 150 of Title 21 of the Code of Federal Regulations](#)*

Bread Biscuits Churros Cookies Pastries Tortillas *Baked goods with cream, custard, or meat fillings are not allowed.*

Note: Only buttercream frosting, icing, fondant and gum paste that do not contain eggs, cream or cream cheese are allowed.

List exact products and describe the process (attach additional sheets if necessary):

Where will the food be sold?

Certified Farmers Markets Retail Food Facilities (e.g., markets, restaurants) Temporary Events Other: _____

PRODUCT LABELING

All CFO products for sale must be labeled as per the Federal Food, Drug and Cosmetic Act (21 USC Section 343 et seq.).

The minimum requirements include, but are not limited to:

- The words "Made in a Home Kitchen" in 12-point type on the primary display panel.
- The name commonly used for the food product or an adequately descriptive name.
- The name and address of the CFO which produced the cottage food product.
- The Record ID Number of the CFO issued by San Mateo County Environmental Health.
- The permit-issuing agency, "County of San Mateo Environmental Health"
- Ingredients, in descending order of predominance by weight (if two or more ingredients).

ATTACH A SAMPLE LABEL FOR YOUR CFO PRODUCTS
(Renewing CFOs must submit the actual label being used)

Example:



CFO OWNER AGREEMENT

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. I HEREBY CONSENT TO ALL NECESSARY COTTAGE FOOD OPERATION INSPECTIONS MADE PURSUANT TO LAW AND INCIDENTAL TO THE ISSUANCE OF THIS PERMIT. I ACKNOWLEDGE THAT I MUST NOTIFY SAN MATEO COUNTY, ENVIRONMENTAL HEALTH OF ANY INTENDED CHANGES TO THE ABOVE STATEMENTS.

OWNER SIGNATURE: _____ PRINT NAME: _____ DATE: _____