County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
FOOD AND HOUSING DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
Phone: (858) 505-6900 | 1 (800) 253-9933 | FAX: (858) 505-6786 | www.sdcdeh.org

CLASS B COTTAGE FOOD OPERATION
APPLICATION PACKET

Thank you for your interest in starting your own Cottage Food Operation. We have designed this packet to streamline the application process, so as to maintain permit fees as low as possible and to save time in the permitting process. Please complete all applicable forms in this packet and submit the completed forms to our main office either over the counter, by mail, or via email at fhdcottagefood@sdcounty.ca.gov. Once we receive your packet, it will be reviewed and you will be notified within 5 business days of the status of your submittal. Should you have any questions regarding the information in this packet, or any general questions regarding our Cottage Food Program, you can contact our Specialist on Duty directly at 858-505-6900, or stop by our main office Monday-Friday between the hours of 8:00am-4:00pm.

All Cottage Food Operation products must comply with Section 114365.5 of the California Retail Food Code and must be approved by the California Department of Public Health (CDPH) for sale by a Cottage Food Operation. For a list of the allowed products, you may visit our website at www.sdcdeh.org. If you have a product that you would like to submit to CDPH for review, you may email them at fdbinfo@cdph.ca.gov.

Best wishes on your new business venture.

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FEES ASSOCIATED WITH COTTAGE FOOD OPERATIONS

The following is intended to explain cottage food operation fees for services you may request or be charged. The Food and Housing Division of the Department of Environment Health (DEH) is funded entirely by permit fees and is mandated to operate at full cost recovery.

Type of Service	Fee		Type of Service	Fee
Class A Registration	$142.00		Complaint Investigation & Follow-up of Official Notice	$142.00/Hr
Class B Permit	$284.00		Administrative Office Hearing	$568.00
Submittal of Additional Labels for Review	$142.00/Hr		Suspension/Revocation Hearing	$852.00

Follow-up of Official Notice

If you are issued an Official Notice of Violation for non-compliance of state and/or local codes and do not comply within the stated time on the notice, you are subject to the following:

- A re-inspection fee for a follow-up visit. The fee must be paid at one of the offices listed below.
- Continued non-compliance will result in an Administrative Office Hearing and/or Suspension/Revocation Hearing.

Administrative Office and Suspension/Revocation Hearings

Administrative Office Hearings or Suspension/Revocation Hearings, as applicable, may be conducted for repeat major violations. If you have been issued a notice to appear at a Suspension/Revocation Hearing or an Administrative Office Hearing, you are required to do the following:

- Contact the District Supervisor to confirm the time and date of the hearing. Pay the corresponding fee prior to or at the time of the hearing.
- Attend the hearing and be prepared to provide reasons why you have not complied with the notice(s) of violation or the reasons why you cannot be in compliance.

Be advised that failure to appear will not result in the termination of the hearing. The hearing will be conducted in absentia and your permit may be modified, suspended, or revoked. For additional information, contact the Food and Housing Duty Desk at 858-505-6900.

Department of Environmental Health Office Locations

Main Office
5500 Overland Avenue, Ste. 170
San Diego, CA 92123
(858) 505-6900
Office hours 8:00am - 4:30pm

North County Office
151 E. Carmel Street
San Marcos, CA 92078
(760) 471-0730
Office hours 8:00am - 4:00pm

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COTTAGE FOOD OPERATION (CFO) – ZONING REQUIREMENTS

Department of Environmental Health – Food and Housing Division (DEH-FHD) permits and registers Cottage Food Operations (CFOs) that comply with all of the requirements of AB1616. The Cottage Food Operator is responsible for complying with any other requirements in the city where the business is located. Below you will find additional requirement information for the different cities in San Diego County. Unless noted that **DEH-FHD to permit first**, all city requirements are to be met prior to applying with DEH-FHD. Any city permits, licenses or registrations must be submitted with your application to DEH-FHD.

Location of CFO	Requirements	Phone Number
Unincorporated County of San Diego	A business license is not required at this time. Stamp approval from the County of San Diego Planning and Development Services - Building Division is required. Building permits are required for addition of commercial equipment or a major kitchen remodel	**(858) 565-5920**
Carlsbad	Business License	**(760) 602-2495**
Chula Vista	Home Occupation Permit & Business License	**(619) 585-5621**
Coronado	Home Occupation Permit	**(619) 522-7320**
Del Mar	Business License with Home Occupation	**(858) 755-9354 ext. 184 - Les Middleton**
El Cajon	Business License	**(619) 441-1742 - Tony Shute**
Encinitas	Business Registration **** DEH-FHD to permit first**	**(760) 633-2606 - Cynthia Miller**
Escondido	Home Occupation Permit & Business License **** DEH-FHD to permit first**	**(760) 839-4306 - Paul Bingham**
Imperial Beach	Business License with Home Occupation **** DEH-FHD to permit first**	**(619) 628-1423 - Kristine Wiesmann**
La Mesa	Home Occupation Permit & Business License	**(619) 667-1118 - Jolene Cayas**
Lemon Grove	Home Occupation Permit **** DEH-FHD to permit first**	**(619) 825-3805 - Patty Peterson**
National City	Home Occupation Permit & Business License **** DEH-FHD to permit first**	**(619) 336-4341 - Adella Salazar**
Oceanside	Home Occupation Permit & Business License **** DEH-FHD to permit first**	**(760) 435-3905 - Jackie Bickford**
Poway	Home Occupation Permit & Business License	**(858) 668-4405 - Lisa Albright**
San Diego	Business License	**(619) 446-5118**
San Marcos	Business License **** DEH-FHD to permit first**	**(760) 744-1050 ext. 3101 - Shauna Vuoti**
Santee	Home Occupation Permit **** DEH-FHD to permit first**	**(619) 258-4100 ext. 146 - Tanya Espinola**
Solana Beach	Home Occupation Permit & Business License	**(858) 720-2442 - Patricia Bluman**
Vista	Home Occupation Permit **** DEH-FHD to permit first**	**(760) 726-1340 ext. 1205 - Chris Winters**

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Labeling Requirements for Products Made in Cottage Food Operations

1) Chocolate Chip Cookies with Walnuts

2) Decadent Delights

3) 123 Sweet Treat Lane, Candyland, Ca 92123

4) 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), walnuts, sugar, eggs, salt, artificial vanilla extract (water, alcohol, vanilla extractives), and baking soda

5) Contains: wheat, eggs, milk, walnuts

6) Net Wt. 3 Oz (85.049 g)

7) Made in a Home Kitchen

8) Registration #: DEH2014-FCFO-XXXXXX

OR

Permit #: DEH2014-FCFO-XXXXXX

9) Cottage Food Registration Issued by: County of San Diego DEH-FHD *(for Class A)*

OR

Cottage Food Permit Issued by: County of San Diego DEH-FHD *(for Class B)*

All labels of products from Cottage Food Operations (CFO) submitted for review must contain the information listed below. Labels missing any of the listed information will not be approved and will need to be resubmitted for review. Labeling may be prepared with type size as small as 1/16th Inch measured at a lower case "o" (except for item #7).

1. Common name of the product.

2. Name of Cottage Food Operation which produced the food (registered or permitted with DEH-FHD).

3. Physical address of Cottage Food Operation (street number, street name, city, state, zip code).

4. List of product ingredients in descending order by weight. If commercially made products are used as an ingredient, the ingredients of that product must also be listed (i.e. – Chocolate chips [sugar, chocolate liquor, cocoa butter, butterfat]).

Note: *The list of ingredients may be on a secondary label affixed to a different location on the product. All other information must be included on the primary label that is affixed to the top or front of the product.*

5. A declaration on the label in plain language if the food contains any of the major food allergens allowed to be used as ingredients in Cottage Food Products such as milk, eggs, tree nuts, wheat, peanuts, or soybeans.

6. The net weight or volume of the food product. It must be stated in both English (pound) units and Metric units (grams).

7. "Made in a Home Kitchen"–This exact wording must be used, and must be printed in at least 12pt font.

Note: *"Repackaged in a Home Kitchen" to be used when applicable and must also be printed in at least 12pt font.*

8. Registration or permit number as issued by this department**.** Class A – Registration; Class B – Permit.

Note: *This number will be provided when the Cottage Food Application is approved. For label submittal purposes, a placeholder may be used. The permit number will be 18 digits long.*

9. Name of the county issuing the Cottage Food Registration (Class A) or Permit (Class B) – e.g. County of San Diego DEH-FHD.

If the food label makes any nutrient content health claims, then a Nutrition Facts Panel must be incorporated into the label. *The use of the following eleven terms are considered nutrient content health claims (nutritional value of a food):* ***free***, ***low***, ***reduced***, ***fewer***, ***high***, ***less***, ***more***, ***lean***, ***extra lean***, ***good source***, *and* ***light****.*

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FOOD HANDLER TRAINING PROGRAM FOR COTTAGE FOOD OPERATORS

A person who prepares or packages cottage food products must complete food handler training or certification. The food handler training must be completed within three months of being registered or permitted. There are three options for training.

FOOD SAFETY MANAGER CERTIFICATION (FSM CERT)

There are four approved exams that meet the state-required food safety certification requirement: Please contact them directly for course locations and information. Food safety manager certificates are **valid for five years.**

360training.com, Inc.
(888) 360-8764
http://www.learn2serve.co

Experior Assessments
(800) 624-2736
www.prometric.com/foodsafety

National Registry of Food Safety Professionals
(800) 446-0257
www.nrfsp.com/

ServSafe
(800) 765-4842
www.servsafe.com

FOOD PROCESSOR COURSE

The food processor courses are approved by California Department of Public Health. You can access a list of state approved food processor training courses through the California Department of Public Health Cottage Food website. The food processor certificates are **valid for three years.**
http://www.cdph.ca.gov/programs/pages/fdbcottagefood.aspx

FOOD HANDLER COURSE

The Food Handler Courses are taught by food handler training schools that are authorized by the County of San Diego. The County monitors the training schools for course content and consistency. Please contact the food handler schools directly for course locations and information. Food handler cards are **valid for three years**.

COUNTY OF SAN DIEGO AUTHORIZED FOOD HANDLER TRAINING SCHOOLS (CLASSROOM)

ALL SCHOOLS OFFER TRAINING IN ENGLISH; AS WELL AS EXTRA LANGUAGES LISTED BELOW

(FSM CERT) = SCHOOL ALSO OFFERS FOOD SAFETY MANAGER CERTIFICATION
(ONLINE) = SCHOOL HAS BEEN APPROVED TO PROVIDE ONLINE TRAINING AND TESTING

A+ FOOD SAFETY TRAINING / DEP SERVICES (Español) **(FSM CERT) (ONLINE via TAP)**
(619) 758-5487 (760) 298-4156
www.aplusfoodsafety.com

AAA FOOD HANDLER SCHOOL (FSM CERT)
(619) 433-5138
www.aaafoodhandlerschool.com

ABOVE TRAINING INC. / STATE FOOD SAFETY (ONLINE)
(Español, 한국어, 普通话, Việt, ASL, Tagalog) **(FSM CERT)**
(801) 494-1416
www.sandiego.statefoodsafety.com

FAMILY HEALTH SERVICES
(Español/Japanese) **(FSM CERT)**
(619) 294-2192

FOOD & BEVERAGE ASSOCIATION (FSM CERT)
(619) 228-2291
www.foodnbeverage.org

FOOD SAFETY CONSULTING (FSM CERT)
(619) 303-8189
www.foodsafetyconsultingsd.com

FOOD SAFETY ESSENTIALS
(Español) **(FSM CERT)**
(619) 316-5752
www.foodsafetyessentialsus.com

NUTRITION DIRECITON
(North County area)
(858) 484-4175

PREMIER FOOD SAFETY (ONLINE)
(Español, 한국어, 普通话, Việt)
(FSM CERT)
(800) 676-3121
www.premierfoodsafety.com

SAFE AT THE PLATE
(888) 804-7233
www.safeattheplate.com

SAN DIEGO HEALTH & NUTRITION SERVICES (Español) **(FSM CERT)**
(619) 470-3345 (760) 523-3345
www.sdhnsclasses.com

A SCHOOL FOR THE PEOPLE / LA ESCUELA DE LA GENTE
(Español) **(FSM CERT)**
(888) 851-3663
www.safefoodforthemasses.com

BEST FOODHANDLER SCHOOL
(Español)
(619) 972-3675

CERTIFY ME SAFE
(858) 560-5143

CHINESE SERVICES CENTER
(Chinese/普通话) **(FSM CERT)**
(858) 565-8008

ESOTERIC FOODS (FSM CERT)
(North County area)
(858) 774-4514
www.esotericfoods.net

ETI FOOD HANDLER TRAINING SCHOOL (Diagnosed disabilities)
(858) 427-9011

FOOTHILLS ADULT EDUCATION CENTER (FSM CERT)
(619) 588-3500

FOUNDATION COMMUNITY SERVICES
(Español) **(FSM CERT)**
(619) 282-5500

FULL SPECTRUM NUTRITION SERVICES (FSM CERT)
(858) 550-9086
www.fullspectrumnutrition.com

GROSSMONT EDUCATIONAL SERVICES
(858) 531-5025

KALUSUGAN COMMUNITY SERVICES (Tagalog) **(FSM CERT)**
(619) 477-3392

MAAC PROJECT/HEADSTART
(760) 471-4210

MAKING AN IMPRESSION (FSM CERT)
(562) 461-9981
www.makingfoodsafe.com

SAN DIEGO MEDICAL COLLEGE
(Español, Turkish)
(619) 942-8274
www.sandiegomedicalschool.com

SAN DIEGO TRAINING INSTITUTE
(760) 917-1943

SERVSAFE (ONLINE) (Español) **(FSM CERT)**
(800) 765-2122
www.servsafe.com

TAP SERIES (ONLINE) (Español) **(FSM CERT)**
(888) 826-5222
www.tapseries.com

THAI FOOD HANDLER SCHOOL(Thai) **(FSM CERT)**
(760) 703-0026

WESTERN FOOD SAFETY(FSM CERT)
(Español)
(866) 920-6456
www.westernfoodsafety.com

ESCUELAS AUTORIZADAS POR EL CONDADO DE SAN DIEGO PARA LA ENSEÑANZA DE SEGURIDAD EN EL SERVICIO DE ALIMENTOS.

ESTAS ESCUELAS OFRECEN ENSEÑANZA EN ESPAÑOL.

(FSM CERT) = ESCUELAS QUE TAMBIÉN OFRECEN LA CERTIFICACIÓN PARA GERENTES EN SEGURIDAD ALIMENTARIA
(ONLINE) = LA ESCUELA HA SIDO APROBADA PARA OFRECER LA CLASE Y EL EXÁMEN POR MEDIO DEL INTERNET

La tarjeta de manejadores de alimentos es válida por 3 años. AVISO: A partir del 1ro de Enero del 2015, las oficinas del Condado dejarán de ofrecer la renovación de tarjetas para manejadores de alimentos. Los manejadores de alimentos deberán tomar un curso y pasar un examen cada tres años en una escuela autorizada por el Condado de San Diego para la Enseñanza de Seguridad en el Servicio de Alimentos.

A+ FOOD SAFETY TRAINING/DEP SERVICES (ONLINE via TAP) (FSM CERT)
(619) 758-5487 (760) 298-4156
www.aplusfoodsafety.com

ABOVE TRAINING INC. / STATE FOOD SAFETY (ONLINE) (FSM CERT)
(801) 494-1416
www.sandiego.statefoodsafety.com

A SCHOOL FOR THE PEOPLE / LA ESCUELA DE LA GENTE (FSM CERT)
(888) 851-3663
www.safefoodforthemasses.com

BEST FOODHANDLER SCHOOL
(619) 972-3675

FAMILY HEALTH SERVICES (FSM CERT)
(619) 294-2192

FOOD SAFETY ESSENTIALS (FSM CERT)
(619) 316-5752
www.foodsafetyessentialsus.com

FOUNDATION COMMUNITY SERVICES (FSM CERT)
(619) 282-5500

FULL SPECTRUM NUTRITION SERVICES (FSM CERT)
(858) 550-9086
Horario de Clases en Chula Vista
www.fullspectrumnutrition.com

PREMIER FOOD SAFETY (ONLINE) (FSM CERT)
(800) 676-3121
www.premierfoodsafety.com

SAN DIEGO HEALTH & NUTRITION SERVICES (FSM CERT)
(619) 470-3345 (760) 523-3345
www.sdhnsclasses.com

SAN DIEGO MEDICAL COLLEGE
(619) 942-8274
www.sandiegomedicalschool.com

SERVSAFE (ONLINE) (FSM CERT)
(800) 765-2122
www.servsafe.com

TAP SERIES (ONLINE) (Español) **(FSM CERT)**
(888) 826-5222
www.tapseries.com

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COTTAGE FOOD OPERATION REGISTRATION

Cottage Food Operation (CFO) Contact Information

CFO Name_____ Assessor's Parcel No. _____

CFO Address _____ City_____ Zip _____

CFO Owner's Name _____ Phone _____

Mailing Address _____ City_____ Zip _____

E-Mail Address_____@_____

CATEGORIES:

☐ **Class A: Direct Sales only** (self-certification checklist is required)

☐ **Class B: Direct and Indirect Sales** (permit application is required)

Office Use Only:
Registration #: _____ **Date:** _____
Approved By: _____

PROHIBITED ITEMS:

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. If making buttercream frosting, icing, fondant and/or gum paste, it shall not contain eggs, cream or cream cheese

PRODUCTS THAT WILL BE PREPARED AT YOUR CFO: (Please check the items you will be preparing or selling)
This list is subject to change based on the current approved food list provided by the California Department of Public Health

☐ Baked Goods	☐ Dried Pasta	☐ Marshmallows	☐ Tortillas
☐ Candy/Confections	☐ Dried Soup Mixes	☐ Mustard	☐ Vinegar
☐ Churros	☐ Dry Baking Mixes	☐ Popcorn/Popcorn Balls	☐ Waffle Cones
☐ Candied Apples	☐ Fruit Butters	☐ Pizzelles	☐ Jams/Jellies/Preserves
☐ Chocolate Covered Food	☐ Fruit Tamales/Pies/ Fruit Empanadas	☐ Nuts/ Nut Mixes/ Nut Butters	☐ Dried Tea/ Roasted Coffee
☐ Dried Fruit/ Vegetables	☐ Granola/Cereals/ Trail Mix	☐ Sweet Sorghum Syrup & Honey	☐ Vegetable and Potato Chips
☐ Dried Mole	☐ Herb / Spice Blends	☐ Salt Seasoning	☐ Cotton Candy

Other (please specify) _____

COTTAGE FOOD OPERATION REGISTRATION

POTABLE WATER SOURCE: Check the water source you will use in your Cottage Operation

☐ **City Water District** (please indicate water district below) ☐ **Private Well***

_____

WASTEWATER DISPOSAL: Indicate the type of system you will use to dispose of wastewater

☐ **Public Sewer** (please indicate sewer district below) ☐ **Private Septic System***

_____

FOR CLASS "A" & "B" OPERATIONS

- Be advised the additional wastewater flows from your cottage food operation may have an impact on your septic system
- If the site is served by a water well, the Department of Environmental Health (DEH) requires that the water be analyzed by a private lab to ensure it meets minimum bacterial and chemical standards
- An annual well water analysis is required and shall consist of a total coliform bacteria test which shows the absence of coliform bacteria and a nitrate test which shows nitrates are at or below the MCL for nitrates.
- Should you have questions regarding this, please contact the Land & Water Quality Division at (858) 565-5173.

TRAINING REQUIREMENT: FOOD PROCESSOR COURSE:

Within **3 months** of being approved to operate by the Department of Environmental Health, you must provide proof of completion of the required California Department of Public Health (CDPH) food processor course, or other approved Food Safety Training Course. Proof of completion may be faxed to the Department at **(858) 505-6848** or emailed to fhdcottagefood@sdcounty.ca.gov. For information on CDPH course availability, visit their web site at **www.cdph.ca.gov.**

LABELING:

All cottage food must be labeled in accordance with the Federal Food, Drug, and Cosmetic Act (Title 21 of the U.S. Code; Sect. 343 et seq.).

The cottage food label shall include the following:

1. The words **"Made in a Home Kitchen**" in 12-point type. "Repackaged in a Home Kitchen" to be used when applicable and must also be printed in at least 12pt font.
2. The name commonly used for the food product
3. The name of CFO which produced the food (Registered with DEH-FHD)
4. The physical address of the Cottage Food Operation
5. The registration number (Class A) or permit number (Class B) and the name of the local enforcement agency that issued the permit (County of San Diego DEH-FHD)
6. The product ingredients in descending order by weight
7. A declaration if the product contains any of the major food allergens allowed to be used as ingredients in Cottage Food Products
8. The net weight of the product listed in grams and ounces

****For Class B Operations only:** Products served without packaging or labeling shall be identified as homemade to the customer at a food facility; this can be done on the menu, menu board or any other easily accessible location

Along with your completed registration form, submit a copy of the label(s) for your cottage food product(s) to this Department for review.

Operator's Certification Statement and Signature:

CERTIFICATION STATEMENT: I certify under penalty of law that I am the operator of this cottage food operation, not an employee or household member of the true operator. I further certify, based on my direct personal knowledge, that the statements of conformance with legal requirements made by my checkmarks on this document are true and correct. I will comply with the applicable requirements of the California Health and Safety Code and applicable County or City codes, including any directives or orders issued under the codes. I also certify that no modifications or alterations have been made to my residence to accommodate this cottage food operation that would require a building permit, and that prior to making any modifications, the appropriate building permits will obtained from the local building department. I understand that the registration I am seeking will not be transferable to another person or location, and that this registration will become invalid and this cottage food operation illegal if required fees, including annual renewal fees, are not paid when due.

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR PUBLIC HEALTH PERMIT

-OFFICE USE ONLY-

SAN DIEGO OFFICE
5500 OVERLAND AVE # 170
SAN DIEGO, CA 92123
(858) 505-6666
FAX (858) 505-6848

SAN MARCOS OFFICE
151 E. CARMEL ST.
SAN MARCOS, CA 92078
(760) 471-0730

MAILING ADDRESS
P.O. BOX 129261
SAN DIEGO, CA 92112

New #: _____

Previous #: _____

Record Type: _____

☐ New ☐ Change of Owner ☐ Update Record ☐ Exempt

(Please print clearly, using **BLUE** or **BLACK** ink ONLY) / (Por favor escribir legible con tinta **NEGRA** o **AZUL**)

TYPE OF APPLICATION(Check one per site): ☐ Food Facility ☐ Mobile Food ☐ Pool/Body of Water ☐ Resort/Entertainment Complex ☐ Class B Cottage Food Operation ☐Public Housing ☐ Body Art Facility ☐ Massage Establishment Organized Camp-☐ Seasonal ☐ Annual

ASSUMED BUSINESS DATE/ *Fecha de Inicio:*
Month/ Mes: *Day/ Dia:* *Year/ Año:*

DAYS/HOURS OF OPERATION/
Dias/ horas de Operación **:**

BUSINESS NAME (DBA *Nombre del establecimiento*:**)**: _____

BUSINESS ADDRESS/ *Dirección del establecimiento***:**

Street #/ *Número de la calle* **:**	**Street Name & Suite #/** *Nombre de la calle* **:**	**City/** *Ciudad* **:**	**Zip Code/** *Código postal* **:**

MAILING ADDRESS/ *Dirección de correspondencia***:**

Street #/ *Número de la calle* **:**	**Street Name & Suite #/** *Nombre de la calle* **:**	**City/** *Ciudad* **:**	**Zip Code/** *Código postal* **:**

TYPE OF OWNERSHIP/ *Tipo de organización* : ☐ **Sole Owner/***Dueño Unico* ☐ **Partnership/** *Sociedad* ☐ **Corporation/** *Corporacion* ☐ **Non-Profit**

OWNER NAME (Corp., LLC or Sole Owner) / *Dueño:* _____

(Please list the NAME of the entity if applicable.) An honorably discharged veteran who is a sole owner may be entitled to a fee exemption for certain food related permits.

Business Email/ *Direccion de correo electronico del dueño* : _____

LIST OF PARTNERS OR OFFICERS (attach separate sheet if necessary)/ *Incluya lista de Socios:*

VETERANS MAY QUALIFY FOR FEE EXEMPTION (complete additional application for consideration) ☐ **Yes, I am a Veteran.**

BUSINESS PHONE #/ *Teléfono del negocio* **:** (_____) _____-_____

BUSINESS FAX #/ *Número de fax* **:** (_____) _____-_____

24 HR. Emergency Contact/ *Contacto de emergencia***:**

Name/ *Nombre***:** _____

PHONE #/ *Teléfono***:** (_____) _____-_____

FOOD FACILITIES ONLY:

№ OF EMPLOYEES/*Numero de empleados:* _____ **№ OF KITCHENS/PREP AREAS** *(deli; bakery etc.):* _____

SQ. FOOTAGE: _____ **№ OF VENDING MACHINES/** *Numero de maquinas*: _____

MOBILE FOOD FACILITIES MUST SUBMIT COMMISSARY AGREEMENT LETTER (TOILET FACILITY LETTER IF APPLICABLE)

Will the mobile unit be operating at one location at all times?/ *Estara la unidad móvil trabajando en una sola ubicación?:*

☐ Yes/ *Si* ☐ No (If No, please provide a list of locations) *(Si No, por favor incluya una lista de las ubicaciónes)*

INDICATE № OF MOBILE UNITS (In addition to the sink cart)/ *Numero de Unidades Móviles (Aparte del sink móvible):* _____

HOUSING PERMIT ONLY: INDICATE № OF HOUSING UNITS: _____

POOL PERMIT ONLY: (Bodies of Water): № of Pool(s):_____ № Spa(s):____ № of Wader(s):____ № of Spray Ground(s) :____ Other:_____

***(FOR POOLS ONLY)* RESPONSIBLE PERSON** (Name and address):

NAME: _____

ADDRESS: _____

Phone #: (_____) _____-_____

Email: _____

HOUSING/POOL PERMITS: NAME OF MANAGEMENT COMPANY:

_____

PRIMARY CONTACT: _____

Phone #: (_____) _____-_____

Email: _____

BODY ART FACILITY ONLY: ***INDICATE THE SERVICES YOU WILL BE PROVIDING*** (Check all that apply)

☐ Tattooing ☐ Permanent Cosmetics ☐ Body Piercing ☐ Branding ☐ Mobile Vehicle

INFECTION PREVENTION & CONTROL PLAN (IPCP) TO BE SUBMITTED WITH APPLICATION-PRACTITIONERS MUST BE REGISTERED WITH DEH

Applicable to all permits: I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary fees and inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

-FOR OFFICE USE ONLY - New Permit #	Previous Permit # Or Plan Check #:	Permit Type	Units	Decal Number	Processing Clerk

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
FOOD AND HOUSING DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
Phone: (858) 505-6900 | 1 (800) 253-9933 | FAX: (858) 505-6786 | www.sdcdeh.org

COTTAGE FOOD OPERATION LIST OF PRODUCTS

Cottage Food Operation (CFO) Contact Information

CFO Name_____

CFO Address _____ City_____ Zip _____

CFO Owner's Name _____ Phone _____

Please list all products submitted for approval (attach additional sheets as needed)

Product Name	Product Category	Approved	Not Approved

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

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Product Name	Product Category	Approved	Not Approved

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

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ADDENDUM INFORMATION

Cottage Food Operation (CFO) Contact Information
CFO Name_____
CFO Address _____ City_____ Zip _____
CFO Owner's Name _____ Phone _____
Mailing Address _____ City_____ Zip _____
E-Mail Address_____@_____

This addendum contains information for the Cottage Food Operation (CFO) owner and outlines their responsibilities. Please read each statement carefully and initial confirming your understanding.

_____My Cottage Food Operation shall not have more than fifty thousand dollars ($50,000) in gross annual sales in the calendar year.

_____My Cottage Food Operation shall only conduct sales within The County of San Diego.

_____My Cottage Food Operation shall not ship the product through a third party. All products must be delivered by the CFO, or an employee of the CFO, directly to the consumer.

_____I understand that Cottage Food Products include only non-potentially hazardous foods, limited to the foods that are described in the approved food list in the California Retail Food Code and maintained current by the California Department of Public Health (CDPH).

_____I understand that any buttercream frostings, buttercream icings, buttercream fondant and gum pastes prepared in my cottage food operation cannot contain eggs, cream or cream cheese.

_____I understand that any new products I prepare as part my Cottage Food Operation must be pre-approved by the County of San Diego Department of Environmental Health.

_____I understand that a Class A Cottage Food Operation may engage in direct sales only
.

_____I understand that Class B Cottage Food Operation may engage in direct & indirect sales only.

_____I understand that I am required to maintain my permit (Class B) or registration (Class A) and approved list of products at any point of direct sales and provide it for inspection when requested.

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____