



# 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) 505-6848 | [www.sdcdelh.org](http://www.sdcdelh.org)



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

**Office Use Only:**  
Registration #: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Amt. paid: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_  
Check #: \_\_\_\_\_

#### **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.

#### **PRODUCTS THAT WILL BE PREPARED AT YOUR CFO:**

(Please check the items you will be preparing and/or selling)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Baked Goods                | <input type="checkbox"/> Dried Pasta                            | <input type="checkbox"/> Honey                           | <input type="checkbox"/> Popcorn                      |
| <input type="checkbox"/> Candy                      | <input type="checkbox"/> Dry Baking Mixes                       | <input type="checkbox"/> Mustard                         | <input type="checkbox"/> Vinegar                      |
| <input type="checkbox"/> Churros                    | <input type="checkbox"/> Fruit Butter                           | <input type="checkbox"/> Tortillas                       | <input type="checkbox"/> Waffle Cones                 |
| <input type="checkbox"/> Dried Mole                 | <input type="checkbox"/> Herb/Spice Blends                      | <input type="checkbox"/> Pizzelles                       | <input type="checkbox"/> Jams/Jellies/Preserves       |
| <input type="checkbox"/> Chocolate Covered Food     | <input type="checkbox"/> Fruit Tamales/Pies/<br>Fruit Empanadas | <input type="checkbox"/> Nuts/ Nut Mixes/<br>Nut Butters | <input type="checkbox"/> Dried Tea/<br>Roasted Coffee |
| <input type="checkbox"/> Dried Fruit/<br>Vegetables | <input type="checkbox"/> Granola/Cereals/<br>Trail mix          | <input type="checkbox"/> Sweet Sorghum<br>syrup          | <input type="checkbox"/> Other                        |

Use this space to describe any other pertinent information about your products:

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# COTTAGE FOOD OPERATION REGISTRATION

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

Water District or Regulated Water System

(Please indicate water district or water system name below)

Private Water Well\*

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

Public Sewer (Please indicate sewer district name below)

Private Septic System\*

**\*For Class "A" and "B" Operations:**

- If the site is served by a private water well, the Department of Environmental Health requires that the water be analyzed by a state certified laboratory to ensure it meets the minimum bacterial and chemical standards of a transient, non-community (TNC) water system. See attachments for the list of chemicals and frequency of testing required as well as a list of state certified laboratories.
- If the site is served by a septic system, be advised the additional wastewater flows from your cottage food operation may have an impact on your septic system.

**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. Proof of completion may be faxed to the Department at **(858) 505-6848**.

For information on CDPH course availability, visit their web site at [www.cdph.ca.gov](http://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
2. The name commonly used for the food product
3. The name of CFO which produced the food (Registered with DEH-FHD)
4. The registration or permit number and, **for Class B** (direct and indirect sale) the name of the local enforcement agency that issued the permit. In the County of San Diego: *Department of Environmental Health, Food and Housing Division*.
5. The product ingredients in descending order by weight
6. **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:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this document are correct and true. I agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City codes. I further agree to grant access to the Department of Environmental Health to conduct an inspection of my cottage food operation's primary domestic residence in the event of a consumer complaint or reported food-borne illness.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Owner's Printed Name: \_\_\_\_\_

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