



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) 505-6998 | www.sdcdelh.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 ten (10) 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.sdcdelh.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.

Along with the completed application packet, you will also need to submit Sample Labels for review to DEH-FHD for the Cottage Food Products you intend to prepare in your home kitchen. Cottage Food Operators are only required to submit labels for no more than ten (10) products for review including at least one product from each category of food to be prepared. Any product labels above the initial ten (10) that are submitted for review will be subject to the current DEH-FHD hourly rate. *(Label Samples must be submitted in either a Microsoft Word Document or PDF format and must reflect the final size, layout and color of the labels that will appear on your products)*

Best wishes on your new business venture.



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COTTAGE FOOD OPERATION APPLICATION SUBMITTAL REQUIREMENTS

In order to be an approved Cottage Food Operator within San Diego County, interested parties must obtain approval from the Department of Environmental Health and their local city/county Building Department.

The items listed below must be submitted for review to the Department of Environmental Health, Food and Housing Division (DEH-FHD). Please ensure all required information is submitted in order to reduce delays in the approval of your application. You will be notified of the status of your application within ten (10) business days after receipt of your complete application packet.

Application Items Required:

- Completed Cottage Food Operation Registration Form
- Completed Self-Inspection Checklist (*This is to be completed for Class A applicants only*)
- Completed Health Permit Application (*This is to be completed for Class B applicants only*)
- Completed Cottage Food Operation Addendum Information
- Completed Cottage Food Operation List of Products Form
- Well Water Testing Results (*This is only for Cottage Food Operators whose water is supplied by a private well*)
- Food Handler Training Certificate (*Required to be submitted within 90 days of approval*)
- If you live within an Incorporated City, submit a copy of your Business License from the city where your Cottage Food Operation is located. The address on the Business License must match your primary residence.
Please reference the [City Zoning list](#) located on the DEH-FHD website for individual city contact information. The following Cities require approval from DEH-FHD prior to issuing a Business License: Encinitas, Escondido, Imperial Beach, Lemon Grove, National City, Oceanside, San Marcos, and Vista. For operations in any of these cities, you do not need to submit a business license with your application packet.
- If you live within an Unincorporated part of San Diego County, your Cottage Food Operation (CFO) Registration form must be stamped by San Diego County Planning and Development Services (PDS). *San Diego County PDS is located at 5510 Overland Ave. San Diego, CA 92123. Prior to submitting your application to DEH-FHD, please take your completed Cottage Food Operation Registration Form to PDS and obtain the required stamp, approving the use of your home to establish your CFO business.*



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COTTAGE FOOD OPERATION LABEL SUBMITTAL REQUIREMENTS

Along with the completed application packet, you will also need to submit **Sample Labels** for review to DEH-FHD for the Cottage Food Products you intend to prepare in your home kitchen. Cottage Food Operators are required to submit labels for no more than ten (10) products for review including at least one product from each category of food to be prepared. Any product labels above the initial ten (10) that are submitted for review will be subject to the current DEH-FHD hourly rate. *(Label Samples must be submitted in either a Microsoft Word Document or PDF format and must reflect the final size, layout and color of the labels that will appear on your products)*

The following is the information that must be included on your product labels to meet the requirements established by the California Department of Public Health (CDPH). Please see the Labeling Requirement Document available on our website for sample label layouts and additional details on the required information for your product labels.

- Name of the Cottage Food Operation which produced the food
- Full physical address of Cottage Food Operation *(If your business is listed in a major phone directory, just the City, State and Zip Code of your operation may be printed on your labels)*
- Common name of the product
- List of product ingredients in descending order by weight *(all sub ingredients must also be listed following each listed ingredient used)*
- Allergen declaration of any of the major allergens allowed to be used as ingredients in Cottage Food Products
- The net weight of your food product stated in both ounces and *grams* *(a place holder may be used to indicate where this will go on your label if the final weight has not been determined)*
- The words "Made in a Home Kitchen", or where applicable, "Repackaged in a Home Kitchen", printed in at least 12 point font *(if an uncommon font is used, a word document sample may be requested to verify font size)*
- Registration Number (Class A) or Permit Number (Class B) as issued by this department *(a place holder may be used until actual registration or permit number is issued – the number will be 17 digits long)*
- Name of the county issuing the Cottage Food Registration (Class A) or Cottage Food Permit (Class B)
- Nutritional Fact Panel *(only required when using the following terms: free, low, reduced, fewer, high, less, more, lean, extra lean, good source, light)*
- The minimum size of all text (except for "Made in a Home Kitchen") must be larger than 1/16" when measured at a lowercase "o"



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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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Dried Pasta | <input type="checkbox"/> Marshmallows | <input type="checkbox"/> Tortillas |
| <input type="checkbox"/> Candy/Confections | <input type="checkbox"/> Dried Soup Mixes | <input type="checkbox"/> Mustard | <input type="checkbox"/> Vinegar |
| <input type="checkbox"/> Churros | <input type="checkbox"/> Dry Baking Mixes | <input type="checkbox"/> Popcorn/Popcorn Balls | <input type="checkbox"/> Waffle Cones |
| <input type="checkbox"/> Candied Apples | <input type="checkbox"/> Fruit Butters | <input type="checkbox"/> Pizzelles | <input type="checkbox"/> Jams/Jellies/Preserves |
| <input type="checkbox"/> Chocolate Covered Food | <input type="checkbox"/> Fruit Tamales/Pies/
Fruit Empanadas | <input type="checkbox"/> Nuts/ Nut Mixes/
Nut Butters | <input type="checkbox"/> Dried Tea/
Roasted Coffee |
| <input type="checkbox"/> Dried Fruit/
Vegetables | <input type="checkbox"/> Granola/Cereals/
Trail Mix | <input type="checkbox"/> Sweet Sorghum
Syrup & Honey | <input type="checkbox"/> Vegetable and Potato
Chips |
| <input type="checkbox"/> Dried Mole | <input type="checkbox"/> Herb / Spice Blends | <input type="checkbox"/> Salt Seasoning | <input type="checkbox"/> 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 (San Diego County).
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 no more than ten (10) 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 be 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/ Día: _____ Year/ Año: _____	DAYS/HOURS OF OPERATION/ Dias/ horas de Operación : _____
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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/ Dirección de correo electrónico 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 : (____) _____ - _____	24 HR. Emergency Contact/ Contacto de emergencia:
BUSINESS FAX #/ Número de fax : (____) _____ - _____	Name/ Nombre: _____
	PHONE #/ Teléfono: (____) _____ - _____

FOOD FACILITIES ONLY:
Nº OF EMPLOYEES/Numero de empleados: _____ Nº OF KITCHENS/PREP AREAS (deli; bakery etc.): _____
SQ. FOOTAGE: _____ Nº 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 ubicaciones)
INDICATE Nº OF MOBILE UNITS (In addition to the sink cart)/ *Numero de Unidades Móviles (Aparte del sink móvil):* _____

HOUSING PERMIT ONLY: INDICATE Nº OF HOUSING UNITS: _____

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

(FOR POOLS ONLY) RESPONSIBLE PERSON (Name and address): NAME: _____ ADDRESS: _____	Phone #: (____) _____ - _____ Email: _____
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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



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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 indirect 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 I am responsible to ensure that all product labels meet the requirements established by the California Department of Public Health (CDPH) and San Diego County Department of Environmental Health (DEH-FHD).

_____ 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) at any point of direct sales and provide it for inspection when requested.

Owner's Signature: _____

Date: _____

Owner's Printed Name: _____

