



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261



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COMMUNITY FOOD PRODUCER REGISTRATION FORM

COMMUNITY FOOD PRODUCER - Contact Information

Business/Organization Name _____	Office Use Only: Registration #: _____ Date: ____/____/____
Production Location _____	
Mailing Address: _____ City _____ Zip: _____	
Operator's Name _____ Phone (____) _____	
E-Mail Address: _____@_____	

COMMUNITY FOOD PRODUCTION

The California Retail Code (CalCode), section 113752, defines a **Community Food Producer** as a producer of agricultural products on land that is not zoned for agricultural use but is otherwise in compliance with applicable local land use and zoning restrictions, including, but not limited to restrictions governing personal gardens, community gardens, school gardens and culinary gardens. A Community Food Producer may sell or provide whole uncut fruits or vegetables, or unrefrigerated shell eggs, directly to the public, to a permitted food facility, or a cottage food operation if the community food producer meets all of the following requirements:

OPERATIONAL REQUIREMENTS	Y	N	NA
1. Compliance with Applicable Laws Are the fruits, vegetables or unrefrigerated shell eggs grown or produced in compliance with all applicable federal, state, or local laws, regulations, and food safety guidelines issued by a regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Labeling Are the agricultural products labeled with the name and address of the community food producer?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Direct sales or distribution of community products: vegetables, fruit and shell eggs Are you selling or providing only whole uncut fruits and vegetables? Are you limiting your production of eggs to 15 dozen or less per month?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Signage Is conspicuous signage (name and address) provided in lieu of labeling when the agricultural product is sold on the site of production by the community food producer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Best Management Practices Have you implemented all applicable best management practices outlined in the California Department of Food & Agriculture Small Farm Food Safety Guidelines on safe production, processing, and handling of foods?	<input type="checkbox"/>	<input type="checkbox"/>	

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SOURCE OF IRRIGATION AND RINSE WATER

What is the water source that will be used for irrigation?

- A Municipal Water District or regulated water system. Name: _____
- A private water well* that meets the minimum bacterial and chemical standards of a Transient Non-Community (TNC) water system.
- Other: _____

What is the water source that will be used to wash produce?

- A Municipal Water District or regulated water system. Name: _____
- A private water well* that meets the minimum bacterial and chemical standards of a Transient Non-Community (TNC) water system.
- Other: _____

***Private Water Wells – NOTE:** If your site is served by a private water well, the water must be analyzed by a California-certified testing laboratory to ensure it meets the minimum bacterial and chemical standards of a transient, non-community (TNC) water system. See the “Potable Water Requirements for a Cottage Food Operation” for testing requirements. Testing results must be maintained by the community food producer and available upon request.

TYPE AND DISTRIBUTION OF COMMUNITY FOOD PRODUCTS

Where do you plan to sell your agricultural products?

Please list the agricultural products that you plan to produce below. Attach an additional sheet if needed.

_____	_____
_____	_____
_____	_____
_____	_____

Operator’s Certification Statement and Signature:

I declare under penalty of perjury that I am the operator of this community food production operation and that information contained in this document is correct and true. I agree to conform with applicable requirement of the California Retail Food Code and applicable City or County codes, including directives and orders issued under these codes. I agree to grant access to the Department of Environmental Health to conduct an inspection of my community food production operation in the event of a food recall or food safety complaint associated with my community food products.

Owner’s Signature: _____ Date: ____/____/____

Owner’s Printed Name: _____

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