



# 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 | Fax: (858) 999-8920 | [www.sdcdeh.org](http://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](mailto: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.sdcdeh.org](http://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](mailto: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.

*"Environmental and public health through leadership, partnership and science"*



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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)

<b>Office Use Only:</b>
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/<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 & Honey  | <input type="checkbox"/> Vegetable and Potato<br>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) 999-8920** or emailed to [fhdcottagefood@sdcounty.ca.gov](mailto:fhdcottagefood@sdcounty.ca.gov). 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. "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-**

**ADDRESS:**

5500 OVERLAND AVE #170  
SAN DIEGO, CA 92123  
PHONE: (858) 505-6666  
FAX: (858) 999-8920

**MAILING ADDRESS:**

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

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** Solamente -

**TYPE OF APPLICATION (Check one per site)**  Food Facility  Mobile Food  Pool/Body of Water  Massage Establishment  
 Public Housing  Body Art Facility  Resort/Entertainment Complex  Seasonal Organized Camp  Annual Organized Camp  
 Class B Cottage Food Operation  Host Facility  Catering  Direct Sales Catering  Charitable Feeding Food Facility

<b>RECORD INFORMATION/Información del Establecimiento</b>	<b>Business Name (DBA)/</b> Nombre del establecimiento: _____
<b>Assumed Business Date/Fecha de inicio:</b>	<b>Days &amp; Hours of Operation/</b> Días y horas de operación: _____
<b>Month/Mes:</b> _____ <b>Day/Día:</b> _____ <b>Year/Año:</b> _____	

**BUSINESS/APPLICANT INFORMATION/Información del Establecimiento**  Check if same as owner/Marque si igual al dueño

**Name/Nombre:** \_\_\_\_\_ **Email/Correo electrónico:** \_\_\_\_\_

**Phone #/Número de teléfono:** \_\_\_\_\_ **Home Phone#/Número de casa:** \_\_\_\_\_

**Fax #/Número de fax:** \_\_\_\_\_ **Mobile Phone#/Número de cell:** \_\_\_\_\_

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

**BILLING ADDRESS/ Dirección de Correspondencia**  Check if same as owner/Marque si igual al dueño

**Name/Nombre:** \_\_\_\_\_ **Email/Correo electrónico:** \_\_\_\_\_

**Phone #/Número de teléfono:** \_\_\_\_\_ **Home Phone#/Número de casa:** \_\_\_\_\_

**Fax #/Número de fax:** \_\_\_\_\_ **Mobile Phone#/Número de cell:** \_\_\_\_\_

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

**OWNER INFORMATION/Información del Dueño** **Type of Ownership/Tipo de organización:**  Sole Owner/Dueño único  
 Partnership/Sociedad  Corporation/Corporación  Non-Profit/Sin fines de lucro

**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.

**Owner Email/Correo electrónico del dueño:** \_\_\_\_\_

**List of Partners or Officers (attach separate sheet if necessary)/Lista de Socios:** \_\_\_\_\_

**Phone #/Número de teléfono:** \_\_\_\_\_ **Home Phone#/Número de casa:** \_\_\_\_\_

**Fax #/Número de fax:** \_\_\_\_\_ **Mobile Phone#/Número de cell:** \_\_\_\_\_

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

**FOOD FACILITIES ONLY/Establecimientos de Comida Solamente**

**# of Employees/Número de empleados:** \_\_\_\_\_ **Total # of Prep Areas/Número de áreas de preparación (deli, bakery, etc.):** \_\_\_\_\_

**Square Footage/Area en pies cuadrados:** \_\_\_\_\_ **# of Vending Machines/Número de maquinas:** \_\_\_\_\_

**MOBILE FOOD FACILITIES ONLY/Móviles de Comida Solamente**

**MUST SUBMIT COMMISSARY AGREEMENT LETTER, TOILET FACILITY LETTER (if applicable/si es aplicable)**

**Will the mobile unit be operating at one location at all times?/Estará la unidad móvil trabajando en una sola ubicación?**  
 Yes/Si  No (If no, please provide a list of locations/Si no, porfavor incluya una lista de las ubicaciones)

**Indicate # of Mobile Units (In addition to the sink cart)/ Numero de Unidades Móviles (Aparte del sink móvil):** \_\_\_\_\_

**HOUSING PERMIT ONLY/Permiso de Viviendas Solamente**

Indicate # of Housing Units/Número de unidades: \_\_\_\_\_

Name of Management Company/Nombre de la compañía administradora (if applicable/si es aplicable): \_\_\_\_\_

Primary Contact Name/Nombre del contacto principal: \_\_\_\_\_

Phone #/Número de teléfono: \_\_\_\_\_ Email/Correo electrónico: \_\_\_\_\_

**POOL PERMIT ONLY/Permiso de Piscina Solamente**

Bodies of Water: # of Pool(s): \_\_\_\_\_ # Spa(s): \_\_\_\_\_ # of Wader(s): \_\_\_\_\_ # of Spray Ground(s) : \_\_\_\_\_ Other: \_\_\_\_\_

Name of Management Company/Nombre de la compañía administradora (if applicable/si es aplicable): \_\_\_\_\_

Primary Contact Name/Nombre de contacto principal: \_\_\_\_\_

Phone #/Número de teléfono: \_\_\_\_\_ Email/Correo electrónico: \_\_\_\_\_

**BODY ART FACILITY ONLY/Arte de Cuerpo Solamente****INDICATE THE SERVICES YOU WILL BE PROVIDING/ Indique los servicios que serán proporcionados**

(Check all that apply/Marque todos que apliquen)

 Tattooing     Permanent Cosmetics     Body Piercing     Branding     Mobile Body Art**- 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: \_\_\_\_\_

**CHANGE OF OWNERSHIP ONLY/Cambio de Dueño Solamente****Documents required to process change of ownership/Documentos requeridos para procesar el cambio de dueño:**

\*Health Permit Application

\*Proof of ownership (such as: business license, seller's permit, etc)

\*Menu (if applicable)

\*Change of ownership questionnaire (if applicable)

**After an invoice is generated, the following payment options are available/Después de que se genere una factura, existen varias opciones para realizar el pago:**\*Online at [www.dehpay.com](http://www.dehpay.com)

\*In-person at 5500 Overland Ave, #170, San Diego, CA 92123

\*By mail P.O. BOX 129261, San Diego, CA 92112-9261 (May take up to two weeks for processing)

**NOTE: A food facility shall not be open for business without a valid health permit (Section 114381 of the California Health & Safety Code and Section 61.104 of San Diego County Code of Regulatory Ordinance). Permit fees due to DEH for the investigation of a regulated business operating without a Health Permit will be three (3) times the cost of the annual permit fee, which are payable in addition to the current permit fee.****- FOR OFFICE USE ONLY/Para Uso de Oficina Solamente -**

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: \_\_\_\_\_





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**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: _____		