



A Tradition of Stewardship  
A Commitment to Service

## “CLASS A” COTTAGE FOOD OPERATION (CFO) REGISTRATION-DIRECT SALES ONLY

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Owner's Mailing Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Owner's e-mail: \_\_\_\_\_ Website: \_\_\_\_\_

<p><b>Please check one:</b></p> <p><input type="checkbox"/> New registration</p> <p><input type="checkbox"/> Renewal</p>	<p><b>Direct sales to include (mark all that apply):</b></p> <p><input type="checkbox"/> Directly from the CFO</p> <p><input type="checkbox"/> Community Events*</p> <p><input type="checkbox"/> Farmer's Markets*</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p>*Additional permits may be required for sales at these events.</p>
<p><b>Included with registration form:</b></p> <p><input type="checkbox"/> Registration fee of \$121</p> <p><input type="checkbox"/> Planning Department/Division Authorization</p> <p><input type="checkbox"/> Sample label(s)</p> <p><input type="checkbox"/> Other _____</p>	

### Food Prepared in CFO:

<p><input type="checkbox"/> Baked goods without cream, custard or meat fillings, such as breads, biscuits, cookies, pastries and tortillas</p> <p><input type="checkbox"/> Candy</p> <p><input type="checkbox"/> Chocolate-covered nonperishable foods such as nuts and dried fruit</p> <p><input type="checkbox"/> Churros</p> <p><input type="checkbox"/> Dried fruit</p> <p><input type="checkbox"/> Dried pasta</p> <p><input type="checkbox"/> Dry baking mixes</p> <p><input type="checkbox"/> Dried tea and roasted coffee</p> <p><input type="checkbox"/> Fruit tamales, pies and empanadas</p>	<p><input type="checkbox"/> Granola/cereals/trail mixes</p> <p><input type="checkbox"/> Herb/spice blends and mole paste</p> <p><input type="checkbox"/> Honey and sweet sorghum syrup</p> <p><input type="checkbox"/> Jams, jellies, preserves and fruit butter that comply with the standard described in Part 150 of Title 21 of the Code of Federal Regulations</p> <p><input type="checkbox"/> Mustard and vinegar</p> <p><input type="checkbox"/> Nut butters</p> <p><input type="checkbox"/> Nuts/nut mixes</p> <p><input type="checkbox"/> Popcorn</p> <p><input type="checkbox"/> Waffle cones and pizelles</p> <p><input type="checkbox"/> Other (please specify): _____</p>
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**Self Certification Checklist:**

<b>Facility Requirements:</b>	Yes	No
The CFO is located in a private dwelling where the CFO operator currently resides	<input type="checkbox"/>	<input type="checkbox"/>
All CFO food preparation will take place in the private kitchen within that home.	<input type="checkbox"/>	<input type="checkbox"/>
Additional storage used for the CFO will be within the home.	<input type="checkbox"/>	<input type="checkbox"/>
If YES, is the room used exclusively for storage?	<input type="checkbox"/>	<input type="checkbox"/>
Specify the room(s) that will be used for storage? _____		
Sleeping quarters, garages and accessory buildings are excluded from areas allowed for CFO food preparation or storage.	<input type="checkbox"/>	<input type="checkbox"/>
Is your water source a private well?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, have you completed testing for the water system and confirm the water is potable?	<input type="checkbox"/>	<input type="checkbox"/>
Is your water source a public water system or community services district?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, what is the name of the system or district? _____		
Is your home on a private septic system?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, my septic system is functioning adequately. (See cottage food BMP handout)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee and Training Requirements:</b>	Yes	No
Have all persons preparing or packaging CFO products completed the CDPH food processor course?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, copies of certificates are attached.	<input type="checkbox"/>	<input type="checkbox"/>
If NO, complete course within 3 months of CFO registration.	<input type="checkbox"/>	<input type="checkbox"/>
The CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Zoning Requirements:</b>	Yes	No
I have complied with the applicable zoning requirements for the CFO and have attached documentation from the zoning office.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sanitation Requirements:</b>	Yes	No
Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair.	<input type="checkbox"/>	<input type="checkbox"/>
All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO products shall be washed, rinsed, and sanitized before each use.	<input type="checkbox"/>	<input type="checkbox"/>
All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Preparation Requirements (includes packaging and handling):</b>	Yes	No
Hand washing is required immediately prior to handling foods and after engaging in any activity that contaminates the hands such as after using the toilet, coughing or sneezing, eating or smoking.	<input type="checkbox"/>	<input type="checkbox"/>
Warm water, hand soap and single use paper towels are available for hand washing.	<input type="checkbox"/>	<input type="checkbox"/>

All food ingredients used in the CFO products are from an approved source.	<input type="checkbox"/>	<input type="checkbox"/>
Potable water shall be used for hand washing, ware washing and as an ingredient.	<input type="checkbox"/>	<input type="checkbox"/>
During the preparation, packaging or handling of CFO products:		
Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>
Infants, small children, or pets are excluded from the kitchen.		
Smoking is excluded.	<input type="checkbox"/>	<input type="checkbox"/>
Any person with a contagious illness shall refrain from work in the CFO.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Labeling Requirements:</b>	Yes	No
My products will be labeled in accordance with the California Homemade Food Act, and a sample label is included with this registration for approval.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sales Limits:</b>	Yes	No
I understand that my CFO registration is no longer valid if I exceed the gross annual sales figures for the calendar years shown below:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Calendar Year</b>	<b>Gross Annual Sales</b>	
In 2013.....	\$35,000	
In 2014.....	\$45,000	
In 2015 and in subsequent years.....	\$50,000	
<b>For renewals only. I certify that my sales for the previous year did not exceed the amount shown in the table.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For any questions that were answered "No" please explain:</b>		

**Cottage Food Operation Owner Certification**

As a registered cottage food operator, I must notify **Napa County Division of Environmental Health** prior to modifying my food list, type of operation, and/or method of selling, distributing, or otherwise providing my CFO products to the consumer or retailers regardless of whether or not the product is sold, consigned or given away. I understand this registration expires one year from the date of issuance and operating a CFO without registering is a violation of the California Retail Food Code. I must register each year by submitting the registration form and the applicable fee each year and operate my CFO in compliance with all applicable regulations.

I understand that my operation is subject to inspection in the event of a consumer complaint or reported food-borne illness and that as the owner of the CFO, I am responsible for the cost of that inspection.

Per California Government Code, Section 818.4, Napa County is not liable for injury caused by issuance of this registration. As the registered or permitted CFO operator, I am aware that I am responsible and liable for actions that result in injury as a result of my operation.

I certify that I am the owner of the cottage food operation and that the information provided herein is true to the best of my knowledge.

\_\_\_\_\_

Printed Name
Signature
Date

OFFICE USE ONLY

I have reviewed this registration and all documentation submitted with this form and determined this CFO is in substantial compliance with the Homemade Food Act, based on the information provided.

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Registration Date

Registration # \_\_\_\_\_ Est. # \_\_\_\_\_ Owner ID # \_\_\_\_\_

Registration Expiration Date: \_\_\_\_\_