

## Cottage Food Operation (CFO)

This application applies to either Class A or Class B Cottage Food Operations.

To apply for an Environmental Health Permit our Division will need:

- a. A completed application.
- b. A Fictitious Business License.
- c. A Sellers Permit.
- d. Documentation from the City or County Planning Department that your operation is approved.

The application fee and the Environmental Health Permit fees will be collected **after** the application is approved. Payment may be made by check, cash, or credit card.

### 1. Categories:

Class A (Direct Sales Only)

Class B ( Direct & Indirect Sales)

#### Approved Food Products List (June 1, 2021):

- (1) BAKED GOODS WITHOUT CREAM, CUSTARD, OR MEAT FILLINGS. Examples: Bagels, Baklava, Biscuits, Bread, Brownies, Buns, Cake, Churros, Coconut Macaroons, Cookies, Crackers, Cupcakes, Donuts, Empanadas (fruit only), Fruit, Nut, or Seed Bars, Macarons (with approved Buttercream), Muffins, Pastries, Pies (fruit only), Pizelles, Tamales, Tarts, Torts, Waffles (fried or baked), Waffle Cones
- (2) CANDY AND CONFECTIONS. Examples: Brittles, Candied Apples or Popcorn, Caramels, Cotton Candy, Chocolate-Covered Non-Perishables, Edible Dessert Sprinkles, sugar-shapes, sugar-strands, comfits, minichocolates, and pralines, Freeze-Dried Candies, Fudge, Ground Chocolate, Hard Candy, Marshmallow Bars, Marshmallows that do not contain eggs, Popcorn Balls, Spiced Sugars, Toffee
- (3) VANILLA EXTRACT CONTAINING AT LEAST 70 PROOF VODKA OR BOURBON DRIED, DEHYDRATED AND FREEZE-DRIED FOODS. Examples: Baking Mixes, Bean Soup Mixes, Cereals, Coffee (roasted or freeze-dried), Fruit, Fruit Powders, Fruit Roll-Ups, Grain Mixes, Granola
- (4) DRIED, DEHYDRATED AND FREEZE-DRIED FOODS. Examples: Baking Mixes, Bean Soup Mixes, Cereals, Fruit, Fruit Powders, Fruit Roll-Ups, Grain Mixes, Granola, Ground Chocolate, Herbs and Herb Blends, Hot Chocolate Mix, Mole Paste, Pasta, Popcorn, Potato Chips, Seasoning Salt, Spice Mix or Rubs, Tea, Trail Mixes, Vegetables, Vegetable Chips, Vegetable Soup Mixes
- (5) FRUIT BUTTERS, JAMS, JELLIES, AND PRESERVES that comply with Part 150 of Title 21 of the Code of Federal Regulations (See explanation at bottom of the document.).

- (6) FROSTINGS, ICINGS, FONDANTS, AND GUM PASTES THAT DO NOT CONTAIN EGGS†, CREAM, OR CREAM CHEESE.  
†Frostings and Icings made with meringue powder, powder eggs, or pasteurized eggs are allowed
- (7) HONEY AND SORGHUM SYRUPS.
- (8) NUTS, NUT MIXES, AND NUT BUTTERS.
- (9) PROTEIN POWDER SHAKE MIXES MADE FROM MANUFACTURED INGREDIENTS.
- (10) VINEGARS AND MUSTARDS. Examples: Mustards without eggs, Vinegars, Fruit-Infused Vinegars using only high acid fruit.

\*Jams, jellies, preserves, and fruit butter: Cottage food operations which produce jams, jellies, preserves, and other related products must be sure that their products meet the legal established standards of identity requirements for those products as set forth in [21 CFR Part 150](#). The purpose of the regulation is to maintain the integrity of the food product to ensure consumers consistently get what they expect. The product name and ingredients listed on the label must be factual and comply with the legal definitions and standards of identity or the product may be considered misbranded. Products made with other ingredients that are not defined in 21 CFR 150 cannot be produced by cottage food operations. Addition of other ingredients or alteration of ingredient profiles changes the chemistry of the food, which can allow the growth of various bacteria and toxins under the right conditions. For example, addition of peppers (i.e. jalapeno pepper) to make pepper jelly is not supported by 21 CFR 150 and the addition of this low acid ingredient could cause the

**2. Prohibited Items: Initial if you agree to abide by the following: \_\_\_\_\_**

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 foods are food items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness of botulism toxin in the product if the proper controls are not used.

**3. Products:**

*Please check ALL 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"/> Waffle Cones       | <input type="checkbox"/> Tortillas                            | <input type="checkbox"/> Fruit Butter** |
| <input type="checkbox"/> Dried Mole Paste    | <input type="checkbox"/> Herb/Spice Blends  | <input type="checkbox"/> Pizelles                             | <input type="checkbox"/> Jams/Jellies** |
| <input type="checkbox"/> Trail Mix           | <input type="checkbox"/> Fruit Tamales/Pies | <input type="checkbox"/> Nuts/Nut Mixes                       | <input type="checkbox"/> Dried Fruit    |
| <input type="checkbox"/> Fruit Empanadas     | <input type="checkbox"/> Nut Butters        | <input type="checkbox"/> Dried Tea                            | <input type="checkbox"/> Roasted Coffee |
| <input type="checkbox"/> Sweet Sorghum Syrup | <input type="checkbox"/> Granola/Cereals    | <input type="checkbox"/> Chocolate Covered Nonperishable Food |   |
| <input type="checkbox"/> Other:              |   |   |   |

\*\*These items must comply with standards described in Part 150 of Title 21 of the Code of Federal Regulations.

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150>

Describe the products that you will be preparing and/or selling:

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**4. Product Labeling: Initial if you agree to abide by the following: \_\_\_\_\_**

For a detailed description, see the CDPH document "[Labeling Requirements for Cottage Food Products](#)." All cottage food products must be properly labeled in compliance with the Federal, Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 343 et seq.) The label must include:

- The words "Made in a Home Kitchen" in 12-point type.
- The name commonly used to describe the food product.
- The name city, state and zip code of the cottage food operation that produced the cottage food product. If the firm is not listed in the current telephone directory, then a street address must also be declared. (A contact phone number or email address is optional but may be helpful for consumers to contact your business.)
- The registration or permit number of the cottage food operation that produced the cottage food product and in the case of "Class B" CFOs, the name of the county where the permit was issued.
- The ingredients of the food product, in descending order of predominance by weight, if the product contains two or more ingredients.
- The net quantity (count, weight, or volume) of the food product. It must be stated in both English (pound) units and metric units (grams).
- A declaration on the label in plain language if the food contains any of the eight major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans. There are two approved methods prescribed by federal law for declaring the food sources of allergens in packaged foods: 1) in a separate summary statement immediately following or adjacent to the ingredient list, or 2) within the ingredient list.
- If the label makes approved nutrient content claims or health claims, the label must contain a "Nutrition Facts" statement on the information panel.
  - The use of the following eleven terms are considered nutrient content claims (nutritional value of a food): free, low, reduced, fewer, high, less, more, lean, extra lean, good source, and light. Specific requirements have been established for the use of these terms. Please refer to the [Labeling Requirements for Cottage Food Products](#) for more details.
  - A health claim is a statement or message on the label that describes the relationship between a food component and a disease or health-related condition (e.g., sodium and hypertension, calcium and osteoporosis). Please refer to the [Labeling Requirements for Cottage Food Products](#) for more details.
- Labels must be legible and in English (accurately translated information in another language may accompany it).

- Labels, wrappers, inks, adhesives, paper, and packaging materials that make contact with the cottage food product by touching the product or penetrating the packaging must be food-grade (safe for food contact) and not contaminate the food.

**Example:**

<p><b>MADE IN A HOME KITCHEN</b>          Permit #: 12345          Issued in county: County name</p> <p>Chocolate Chip Cookies With Walnuts          Sally Baker          123 Cottage Food Lane          Anywhere, CA 90XXX</p> <p><b>Ingredients:</b> Enriched flour (Wheat flour, niacin, reduced iron, thiamine, mononitrate, riboflavin and folic acid), butter (milk, salt), chocolate chips (sugar, chocolate liquor, cocoa butter, butterfat (milk), walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.</p> <p><b>Contains:</b> Wheat, eggs, milk, soy, walnuts</p> <p>Net Wt. 3 oz. (85.049g)</p>
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*Note: For the "Issued in County" – Identify Kern County*

**5. Additional Requirements:**

**Facility Requirements:**

Yes No

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. The CFO is located in a private dwelling where the CFO operator currently resides.</li> <li>2. All CFO food preparation will take place in the private kitchen within that home.</li> <li>3. Additional storage used for the CFO will be within the home.               <ol style="list-style-type: none"> <li>a. If YES, is the room used only for storage?</li> <li>b. Specify the room(s) that will be used for storage.</li> </ol> </li> <li>4. Sleeping quarters are excluded from areas used for CFO food preparation or storage.</li> </ol> |  |
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**Zoning Requirements (Home Occupation Permit):**

Yes No

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|--|--|
| <ol style="list-style-type: none"> <li>5. I have complied with the applicable city or county zoning requirements for the CFO.</li> <li>6. I have attached documentation from the zoning office.</li> </ol> |  |
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**Employee and Training Requirements:**

Yes No

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|---|--|
| <ol style="list-style-type: none"> <li>7. Have all persons preparing or packaging CFO products passed an approved exam and have a Food Handler Card? Attach copies of the Food Handler Card.</li> <li>8. The CFO has no more than 1 full-time equivalent employee. (Immediate family or household members are not included.)</li> </ol> |  |
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**Sanitation Requirements:**

Yes No

- 9. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair.
- 10. All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO products are washed, rinsed, and sanitized before each use.
- 11. All food preparation, food and equipment storage areas are maintained free of rodents and insects.

**Food Preparation Requirements (includes packaging and handling):**

Yes No

- 12. Handwashing occurs immediately before handling foods and after engaging in any activity that contaminates the hands such as after using the toilet, coughing or sneezing, eating or smoking.
- 13. Warm water, hand soap and single use paper towels are available for handwashing.
- 14. All food ingredients used in the CFO products are from an approved source.
- 15. Potable water (water safe for drinking) is used for handwashing, warewashing and as an ingredient.
- 16. ***During the preparation, packaging or handling of CFO products:***
  - a. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen.
  - b. Infants, small children, and pets are excluded from the kitchen.
  - c. Smoking is excluded.
  - d. Any person with a contagious illness shall refrain from work in the CFO.

**Labeling Requirements:**

Yes No

- 17. A sample copy of the CFO label is attached for review and approval.

**6. Disposal of Waste:**

*Please check what type of treatment is used to dispose of waste.*

- Public Sewer Service                       Private Septic System

***In the event of septic system failure or plumbing problem, you are required to notify the Kern County Environmental Health Division immediately.***

**7. Water Source:**

Please identify the water source to be used in Cottage Food Facility (Check one box)

Name of Public Water System or Community Services District: \*

If you use a Private Water Supply\*\*, identify the source (well, spring, surface, etc.):

**Private Water Supply: Initial Water Quality Results\*\***

Check boxes below if initial water testing has been completed. All testing must be done at a State Certified Laboratory. Attach lab results or provide the name of lab, date & results in the space next to type of test.

Bacteriological Test (*quarterly*):

Nitrate Test (*yearly*):

Nitrite (*every 3 years*):

\* If water system is a public water system then enter the name of the system and go on to item 8

\*\* A list of certified laboratories is available upon request.

**8. Employee:**

**Initial if you agree to abide by the following: \_\_\_\_\_**

I understand that I may not have more than one full-time equivalent employee. Employee does not include a family member or household member of the cottage food operation. Only one employee may be within the registered or permitted area of a private home where the cottage food operator resides and where cottage food products are prepared or packaged for direct and indirect sale to consumers.

**9. Gross Annual Sales:**

**Initial if you agree to abide by the following: \_\_\_\_\_**

I understand that I will lose my CFO status and will need to become permitted in a commercial facility if my CFO business exceeds the following gross annual sales figures for the calendar years indicated in the following table:

Calendar Year	Gross Annual Sales
In 2013 .....	\$35,000
In 2014 .....	\$45,000
In 2015 and in subsequent years .....	\$50,000

**10. Delivery Limitations:**

**Initial if you agree to abide by the following: \_\_\_\_\_**

I understand that I may accept orders and payments via the internet, mail or phone. However, all "Class A" & "Class B" CFO products must be delivered directly (in person) to the customer. The CFO products may not be delivered via US Mail, UPS, FedEx or using any other indirect delivery method as this is regulated and subject to CDPH registration, state, or federal requirements.

**11. Owner's Statement:**

I, \_\_\_\_\_, agree to grant access to the **Kern County Environmental Health Division** to conduct an inspection of my cottage food operation's (mark one)

**Class A:** In the event of a consumer complaint or reported foodborne illness

**Class B:** For initial and annual inspections, and in the event of a consumer complaint or foodborne illness

I hereby also agree to notify **Kern County Environmental Health Division** prior to making changes to my food list, type of operation, and/or method of selling, distributing, or otherwise providing my CFO products to consumers or retailers regardless of whether or not the product is sold, consigned, or given away.

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Signature

Print Name

Date

Revised 7/1/2020

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## ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department  
2700 "M" Street, Suite 300, Bakersfield, CA 93301

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change    Date: _____	<input type="checkbox"/> Information Change    Date: _____		
Check applicable boxes and complete entire application	<input type="checkbox"/> Temporary Food Facility – Year <input type="checkbox"/> Temporary Food Facility – One Event <input type="checkbox"/> Community Event Sponsor	<input type="checkbox"/> Charitable Feeding Operation – Registration <input type="checkbox"/> Charitable Feeding Operation <input type="checkbox"/> Cottage Food A <input type="checkbox"/> Cottage Food B		
<b>OPERATOR INFORMATION</b>				
Name:				
Address:				
City:		State		Zip
Home Phone:		Cell Phone		Fax
E-Mail Address:				
<b>BUSINESS INFORMATION</b>				
Business Name (DBA):				
Business Address:				
City:		State		Zip
Business Phone:		Cell Phone		Fax
E-Mail Address:				
<b>BILLING INFORMATION</b>				
To which address do you want your renewal invoice sent <input type="checkbox"/> Business Mailing Address <input type="checkbox"/> Operator Address <input type="checkbox"/> Other If you checked other, what is the address?				
Name	Street Address	City	Zip	
Approval of this application and issuance of an Environmental Health Permit is required before beginning operation. Failure to obtain both may result in a misdemeanor citation and/or closure. By signing this application, you agree to operate in accordance with all applicable state laws and local ordinances.				
Signature	Print Name	Date		
<b>PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.</b>				
<b>FOR OFFICIAL USE ONLY</b>				
Program ID	PE Code(s)	Service Request No.	Facility ID	
Previous Owner ID	New Owner ID	Date Mailed	Map No.	
Total Fees Paid	Received By	Date Paid	Accounting ID	