



## CHECKLIST TO OBTAIN A PERMIT FOR A COTTAGE FOOD OPERATION (CFO)

CFO Business Name:	
CFO Owner Name:	Owner Phone:
Email Address:	

**This checklist identifies the documents and fees to apply for a CFO Permit to make certain non-perishable food from a home kitchen.**

Included	CFO Requirements
	Permit Application for a Home Food Operation
	CFO Self-Certification Checklist
	CFO product labels for all potential cottage food products – see information on next page
	*Proof of potable water source (submit a copy of one of the following): <ul style="list-style-type: none"> <li>• Public water system: water bill or letter from the water purveyor</li> <li>• Private water supply/well (identify the source - well, spring, surface, etc.): water quality lab test results from a State Certified laboratory for E. coli, total coliform, and nitrates</li> </ul>
	*Proof of approved sewage disposal system (submit a copy of one of the following): <ul style="list-style-type: none"> <li>• Sanitary sewer: sewer bill, sewer connection permit, property tax bill (if sewer company is listed)</li> <li>• Septic system: recent septic pumper’s report including a 30-minute water test</li> </ul>
	Food Handler Card (or submit within 3 months of CFO permit issuance)
	New Operating Permit Application Fee (FP90)

\*Renters must obtain required documents from the property owner, HOA, management company, etc., as applicable, if they do not receive the bill.

Submit your complete CFO permit application packet, including this Checklist, to the Department by mail, in person at our office, or by email. Incomplete applications will be rejected.

To apply by email: Submit the application packet as a PDF to the Department e-mail address [dehweb@deh.sccgov.org](mailto:dehweb@deh.sccgov.org). You will be e-mailed an invoice with instructions to submit an online payment.

Once the application packet and applicable fee are received, the Department will review the permit application and respond within 20 business days, typically via email. The permit application will expire 90 calendar days from the date the complete application packet and application fee are received. Fees are not refundable.

Food products not allowed per California Retail Food Code and the California Department of Public Health will be denied. For a current list of approved cottage foods, visit the Cottage Food Operations page on the state website: [www.cdph.ca.gov](http://www.cdph.ca.gov).

The application process may be delayed if required documents and information are not received.

Upon approval of the application, you will be emailed an invoice for the applicable permit fee. The permit will not be issued until all applicable fees are paid in full.



**Cottage Food Product Labeling Information**

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.).

Labels must be written in English. Submit labels for all proposed products. Include separate labels for different flavors (e.g., vanilla cake, red velvet cake, etc.) or different types (chocolate chip cookies, sugar cookies, etc.) of products. Include the following information:

- The name commonly used to describe the food product in English
  - Must be on the principal (front) display panel
- “Made in a Home Kitchen” or “Repackaged in a Home Kitchen” in 12-point type minimum
  - Must be on the principal (front) display panel
- Permit number
  - This will be issued at the time of CFO Permit issuance. Provide a placeholder for the Permit number on the labels.
- County of CFO permit issuance, such as “Issued in Santa Clara County” or “Issued in county: Santa Clara”
- CFO business name, city, state, and zip code of the CFO operation
- Ingredients of the food product, listed in descending order of predominance by weight, if it contains 2 or more ingredients
  - Provide a separate list of ingredients for fillings, toppings, crusts, etc.
- Net weight in English and Metric units
- Major food allergens (wheat, milk, eggs, tree nuts [list the actual nut], peanuts, soy, or sesame), if applicable.

**MADE IN A HOME KITCHEN**  
**Permit #: 123456**  
**Issued in county: Santa Clara**

SAMPLE

Chocolate Walnut Cake with Buttercream Frosting

Best Baking Company  
 Anywhere, CA 9XXXX

**Ingredients:** Flour (bleached wheat flour, malted barley flour, niacin, iron, thiamin mononitrate, riboflavin, folic acid), chocolate chips (sugar, chocolate, cocoa butter, milkfat, soy lecithin, natural flavors), sugar, eggs, walnuts, baking powder (monocalcium phosphate, sodium bicarbonate, corn starch), salt.

**Buttercream Frosting Ingredients:** powdered sugar (cane sugar, cornstarch), butter (pasteurized cream, natural flavoring), vanilla extract [vanilla bean extractives in water, alcohol (35%)], blue food coloring (water, propylene glycol, FD&C blue 1), salt.

**Contains: Wheat, eggs, milk, soy, walnuts**

**Net Wt. 3 oz. (85.05g)**

For more information on cottage food operations and food safety, visit our website: [www.ehinfo.org](http://www.ehinfo.org)



**PERMIT APPLICATION FOR A HOME FOOD OPERATION:  
 Cottage Food Operation (CFO) or Microenterprise Home Kitchen Operation (MEHKO)**

**PERMIT TYPE (select one):**  Class A CFO  Class B CFO  MEHKO

**OWNER INFORMATION:**

Owner Name: \_\_\_\_\_  
(First and Last Name of Owner; no Inc., LLC, or partnership)

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does/Has the owner have/had a health permit to operate in Santa Clara County?  No  Yes (If Yes, please answer the following):

Facility ID#: FA0 \_\_\_\_\_ Facility/Business Name: \_\_\_\_\_

**BUSINESS INFORMATION:**

Business Name (DBA - may not have Inc., LLC, etc. in name): \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Social Media Apps or Internet Intermediary (if applicable): \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**SEND OFFICIAL/BILLING CORRESPONDENCE TO (select one):**

Owner  Other: Name: \_\_\_\_\_ Care of: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct, and true.

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes. Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines, and permit suspension/revocation proceedings. Notify the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership or if you stop operating within 14 calendar days of a change. Permits and fees are not transferable.

Note: Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act.

Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Facility ID# FA0 _____ ( <input type="checkbox"/> Add New)	Owner ID# OW0 _____ ( <input type="checkbox"/> Add New)
General Program ID# PR0 _____ ( <input type="checkbox"/> Add New)	Designated Employee ID: _____
P/E: <input type="checkbox"/> FP40 <input type="checkbox"/> FP41 <input type="checkbox"/> FP45 Status: <input type="checkbox"/> 01 (Active Billable) <input type="checkbox"/> 04 (Active Exempt)	Permit Valid from: ____ / ____ / ____ to ____ / ____ / ____
General Permit ID# PT0 _____ ( <input type="checkbox"/> Add New)	Permit Status: <u>21</u> Permit Type: <input type="checkbox"/> P <input type="checkbox"/> PV
FHC/FSC Expiration Date: ____ / ____ / ____	
Permit Conditions and Descriptions: [Supervisor Initials ____] <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete Conditions: _____	
Approved by: _____ Date: _____	<input type="checkbox"/> Bill customer <input type="checkbox"/> Payment Rcv'd Ck#: _____
Supervisor: _____ Date: _____	Date e/Mailed: _____ \$: _____
Support Staff: _____ Entered Date: _____	New AR#: _____ Invoice #: _____





**COTTAGE FOOD OPERATION (CFO) SELF-CERTIFICATION CHECKLIST**

CFO Business Name:	Date:
CFO Owner Name:	

**I self-certify that my CFO will conform to the following requirements:**

<p><b>Facility Requirements:</b>  <b>INITIAL HERE:</b> _____</p>
The CFO is located in the private home where I reside. If I move, a new permit is required.
Permission has been given by the property owner to operate a CFO from this residence.
The CFO will not exceed verifiable gross annual sales limitations.
<p>The CFO will limit the types of sales applicable to the CFO permit class category obtained:</p> <ul style="list-style-type: none"> <li>• Class A: direct sales only and within California.</li> <li>• Class B: direct and indirect sales (at permitted retail food facilities) and within California.</li> </ul>
All preparation, packaging, storage or handling of cottage food products will take place in the private kitchen within my home. (Products may be stored in attached rooms within the home that are used exclusively for storage.)
Sleeping quarters, sheds, and garages are excluded as areas used for cottage food preparation or storage.
<p><b>Sanitation Requirements:</b>  <b>INITIAL HERE:</b> _____</p>
Kitchen equipment and utensils used to produce cottage food products will be clean, maintained in good repair, and protected from contamination.
<p>All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any cottage food products will be washed, rinsed, and sanitized before each use. A sanitizer solution of 100ppm chlorine (may prepare using plain bleach) or 200ppm quaternary ammonia may be used.</p> <ul style="list-style-type: none"> <li>• Use appropriate sanitizer test strips to monitor and confirm sanitizer concentration levels.</li> </ul>
All food preparation and food and equipment storage areas will be maintained free of rodents and insects.
<p><b>Food Preparation Requirements:</b>  <b>INITIAL HERE:</b> _____</p>
Warm water, liquid hand soap, and clean paper towels will be available and used for hand washing.
<p>Hands will be washed immediately before handling foods and after any activity that contaminates the hands including, but not limited to:</p> <ul style="list-style-type: none"> <li>• After using the toilet or changing a diaper; after cleaning house, handling chemicals</li> <li>• After coughing, sneezing, eating, or smoking</li> <li>• Touching bare human body parts (face, legs, etc.) other than clean hands</li> <li>• Touching dirty equipment or utensils, garbage, or pets</li> <li>• After handling raw food (e.g., raw eggs) and before working with ready-to-eat food (e.g., cookies)</li> </ul>

Food, food-contact surfaces, and utensils will be protected from contamination.
Food will be free from adulteration and spoilage.
<p>Single-use, food-grade, non-latex gloves will be worn if the food handler has any cuts, sores, rashes, artificial nails, nail polish, rings (other than a plain ring, such as a wedding band), uncleanable orthopedic support devices, or fingernails that are not clean, smooth, or neatly trimmed.</p> <ul style="list-style-type: none"> <li>• Hands will be washed before putting on gloves.</li> <li>• When gloves are worn, they will be changed or replaced as often as handwashing is required.</li> </ul>
All food ingredients used in the cottage food products will be from an approved source.
Potable water (drinking water) will be used for hand washing, ware washing and as an ingredient.
During CFO operation, domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment will be excluded from the kitchen.
Infants, small children (younger than 12 years old), and pets will be excluded from the kitchen.
Smoking will be prohibited in the area of the home used for the CFO.
Any person with a contagious illness or who is ill with vomiting and diarrhea will not work or enter the permitted area of the CFO.
<p><b>Labeling and Other Requirements:</b></p> <p><b>INITIAL HERE:</b> _____</p>
The CFO residence will not post signage or other displays advertising the CFO.
<p>All cottage food products will have an approved cottage food label.</p> <ul style="list-style-type: none"> <li>• Class B CFO only: Cottage food products served by a food facility without packaging or labeling will be identified to the consumer as homemade on the menu, menu board, or other location that would reasonably inform a consumer of its homemade status.</li> </ul>
If the CFO is advertised (i.e., website, social media, print ads, etc.), it will state the following: (a) county of approval, (b) permit number and (c) a statement that the food prepared is “Made in a Home Kitchen” or “Repackaged in a Home Kitchen,” as applicable.
Packaging will be a food-grade material (i.e., pastry box, food bags, etc.)
The CFO will only have up to one full-time equivalent employee (not counting family members or household members).
<p><b>Obligation to Discontinue Operation:</b></p> <p><b>INITIAL HERE:</b> _____</p>
<p>The CFO must discontinue operating if certain problems arise. These include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Back-up in the sewage disposal system</li> <li>• Cockroach, rodent, or fly infestation.</li> <li>• No electricity</li> <li>• Fire</li> <li>• Lack of or broken refrigeration</li> <li>• No available sanitizer to wash dishes.</li> <li>• Ill food handler/employee</li> <li>• Any other condition that poses an imminent health hazard to the public</li> </ul>