



CALIFORNIA HOMEMADE FOOD (CFO) REGISTRATION / PERMITTING APPLICATION

Business Name:		Date:
Physical Address:	City:	ZIP:
Owner Name:	Owner Contact Number:	
Mailing Address (if different):	Mailing City:	Mailing ZIP:
Email Address:	Website:	

1. Categories:

- "Class A" (Direct Sales Only)**
 "Class B" (Direct & Indirect Sales)

****Class A Cottage Food Operations must renew its registration annually.**

2. Prohibited Items:

Foods containing **cream, custard, or meat fillings** are **potentially hazardous** and are **NOT ALLOWED**. Only foods that are listed on the approved food list published by the California Department of Public Health (CDPH) 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.

Enter your initial here if you agree with the above statement: _____

3. Products:

Please check ALL of 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>

Food descriptions: _____

4. **Hours of operation:** Indicate in the days and times the CFO will be in operation

5. **Identify areas to be used in the operation of the CFO within the house (i.e. kitchen, etc.):**

6. **Water Source:** *(Please check what type of water source will be used in Cottage Food Operation)*

Public Water Supply Private Water Supply

7. **Disposal of Waste:** *(Please check what type of treatment is used to dispose of waste)*

Pasadena Public Works Private Septic System

8. **Food Processor Course:**

Within 3 months of being approved to operate by the Pasadena Public Health Department Environmental Health Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course*. Proof of completion may be faxed to our Department at **(626) 744-6116**.

*See CDPH Website for more information: <http://www.cdph.ca.gov/programs/Documents/fdbCFOtrain.pdf>

Enter your initial here if you agree with the above statement: _____

9. **Employee:**

I understand that I may not have more than one full-time equivalent cottage food employee, not including a family member or household member of the cottage food operator, working 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, indirect, or direct and indirect sale to consumers.

Enter your initial here if you agree with the above statement: _____

10. **Gross Annual Sales:**

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 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

Enter your initial here if you agree with the above statement: _____

11. **Owner's Statement:**

I agree to grant access to the Pasadena Public Health Department to conduct an inspection of my cottage food operation's primary domestic residence housing the CFO during normal business hours, during the hours specified on the registration form, or at other reasonable times, for the purposes of inspection, investigation or the collection of food samples

Class A: In the event of a consumer complaint or reported food-borne illness.

Class B: For regular annual facility inspections and in the event of a consumer complaint or food-borne illness

In addition, I agree to notify Pasadena Public Health Department Environmental Health Division 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 the product is sold, consigned, or given away.

Enter your initial here if you agree with the above statement: _____

Owner's Signature

Print Name

Date