



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



CALIFORNIA HOMEMADE FOOD ACT AB 1616 (GATTO) REGISTRATION / PERMITTING FORM

Name of Business: _____ Phone #: _____

Owner Name(s): _____

Address where food is being prepared: _____

Mailing address if different from above: _____

Email: _____

1. Categories:

Class A (Direct Sales Only)

Class B (Direct & Indirect Sales)

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 are food items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness.

3. Products:

Please check the items you will be preparing and/or selling.

Baked Goods

Dried Pasta

Honey

Popcorn

Candy

Dry Baking Mixes

Mustard

Vinegar

Churros

Fruit Butter

Tortillas

Waffle Cones

Dried Mole

Herb/Spice Blends

Pizzelles

Jams/Jellies

Chocolate

Fruit Tamales/Pies

Nuts/Nut Mixes

Covered Food

Empanadas

Nut Butters

Dried Tea

Dried Fruit

Granola/Cereals

Sweet Sorghum

Vegetables

Trail mix

Syrup

Other: _____

Food descriptions: _____



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4. Product Labeling:

Initial if you agree to abide by the following: _____

- The common or descriptive name of the CFO food product located on the primary (principal) display panel.
- The name, city, and zip code of the CFO operation which produced the cottage food product. If the CFO is not listed in a current telephone directory, then a street address must also be included on the label. (A contact phone number or email address is optional but may be helpful for contact in case a consumer wishes to contact you.)
- The words **“Made in a Home Kitchen” or Repackaged in a Home Kitchen** as applicable, in 12-point type must appear on the principal display panel. *Note: if labeled as “Repackaged in a Home Kitchen” then a description of any purchased ready- to eat products not used as an ingredient must also be included on the label
- The registration or permit number of the CFO which produced the cottage food product and the name of the county of the local enforcement agency that issued the permit number.
- The ingredients of the cottage 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, 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 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:
 - A) In a separate summary statement immediately following or adjacent to the ingredient list, or
 - B) Within the ingredient list.

Example:

MADE IN A HOME KITCHEN
Permit # 1234
Issued in County: Kings County

Chocolate Chip Cookies

Jane Smith, 123 Main St., Sunny CA, 12345
Somewhere County

Ingredients: 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), soy lecithin, walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.

Contains: Wheat, eggs, milk, soy, walnuts

Net Wt. 3 oz (85.049g)



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5. “CFOs” Self Certification Checklist:

Checklist completed

6. Water Source:

Please check what type of water source will be used in Cottage Food Facility

City Water

*Private Well

**Bacteriological quarterly monitoring is required. Please contact the Department for more information.*

7. 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 Kings County Environmental Health Services immediately.

8. Food Processor Course:

Initial if you agree to abide by the following: _____

Within 3 months of being approved to operate by the Environmental Health Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. The website for CDPH is www.cdph.ca.gov. Proof of completion may be faxed to our Department at (559) 584-6040.

9. Employee:

Initial if you agree to abide by the following: _____

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, 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.

10. 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 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



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11. Registration/ Permit/ Inspection Fee

- Class A:** ..Processing Fee **\$135.00** **Class B:**.....Annual Fee **\$403.00**

12. Owner’s Statement:

I, _____, agree to grant access Kings County Health Services to conduct an inspection of my cottage food operation’s primary domestic residence (mark one):

- Class A:** In the event of a consumer complaint or reported food-borne illness **Class B:** For facility inspections and in the event of a consumer complaint or food-borne illness

I, _____, agree to notify Kings County Environmental Health Services 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.

Signature of Owner:

Signature *Print Name* *Date*

OFFICE USE ONLY					
FACILITY # _____	REC'D BY # _____	DATE REC'D _____	PYMT AMT \$ _____		
DATE OF PAYMENT _____	TYPE: CASH _____	CHECK _____	CASH & CHECK _____	CREDIT CARD _____	
CHECK/RECEIPT#: _____	DATE OF CHECK _____				
DATE APPROVED & BY OFFICER: _____	Entered by: _____	Date: _____			
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