



Cottage Food Operation Applicant:

Use this checklist to ensure the prompt issuance of a Permit to Operate.

The following documents must be submitted prior to the approval of your San Francisco Department of Public Health Registration and Permit to Operate:

1. Application for a Permit to Operate.
2. Application fee.
3. San Francisco Zoning Referral Application.
4. Floor plan of residence that includes living areas, kitchen, food preparation and food storage areas (Use 8.5 x 11 paper)
 Include the total square footage of living space.
 Include the square footage of kitchen space.
5. Copy of San Francisco Business Registration.
6. Copy of government issued photo ID (e.g. drivers license, passport).
7. The Declaration of Healthy and Safe Working Conditions.
8. Proposed product using the State approved food list.
9. Written Operational Procedure of Cottage Food Operation forms for each food.
10. CFO Self Checklist Requirement form.
11. Copy of proposed food label(s).
12. California Food Handler's Certification.

****Incomplete application packets may be returned and the permitting process will be delayed.***



COTTAGE FOOD OPERATION

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH BRANCH
49 South Van Ness Avenue, Suite 600, San Francisco, CA 94103
www.sfdph.org/dph/EH/Food/
Phone: (415) 252-3800 Fax: (415) 252-3894

Application for Food Permit to Operate or Certificate of Sanitation

Applicant must complete items 1-18. Accurate information is required.

- Date: _____ 1. Doing Business As (DBA): _____
2. Home Kitchen Address: _____
3. Type of transaction: Ownership Change New Installation Reclassification Record Purposes
4. Type of ownership: (check one) Sole Owner Partnership Corporation LLC LP
5. Ownership Name: _____
- List major officers if applicable: _____
6. Ownership Mailing Address as stated on Business Registration _____
7. Business Phone #: _____ 8. Owner #: _____ 9. Alternate #: _____
10. Email: _____ 11. Type of Food Business: _____
12. Prepackaged non-hazardous food sales only? Yes No
13. Will this operation prepare food or beverages? Yes No
14. Will you be cooking and/or baking food? Yes No If yes, list types of cooking equipment (e.g. oven, fryer):

15. Will you warm or reheat food? Yes No If yes, list warming equipment: _____
16. No. of restrooms: _____
17. Are you currently operating at this site? Yes No If no, date of anticipated opening: _____

18. Signature(s) of all Owner(s) and Officer(s):

X _____ X _____ X _____ X _____

7 Digits Business Account Number (BAN) issued by the SF Treasurer and Tax Collector Office:

For Department of Public Health Office Use Only

Special application or facility notes: _____

Filing Fee: _____ Zoning Ref. Fee _____ Out _____ In _____ SFFD Ref. Fee: _____ Out _____ In _____
Receipt #: _____ Previous Owner Out of Business Notification: _____ Other: _____

Inspector's Report

To the Director of Public Health:
After having made a careful inspection in the above case on _____ (Date)
I **recommend** the issuance of a New Permit to operate **Permit Activation Date:** _____
I **disapprove** the issuance of a New Permit to operate for the following reasons:

X _____ X _____
Inspector Principal Inspector

District #	Census Tract	BAN #	Permit #	Type of Permit/Classification/Limitations	Loc. ID:
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Initial Application Fee

Cottage Food Operation-Class A (Direct sales only):

- Submit a check or money order payable to "SFDPH" for \$177.

San Francisco Zoning Referral Application Fee: \$177.00

Cottage Food Operation-Class B (Direct and Indirect sales):

- Submit a check or money order payable to "SFDPH" for \$578.

San Francisco Zoning Referral Application Fee: \$177.00

Health Department Application Fee: \$401.00

Total Amount: **\$578.00**

Annual Fees

After you have been approved to operate a Cottage Food business out of your home, San Francisco Treasurer and Tax Collector Office will issue a unified license bill for the CFO registration or permit to operate. The license fee will be prorated for the first year to reflect the date of initial approval. Thereafter, you will receive a flat rate annually.

* Note: Fees are updated each July. The fees on this page reflect fees for the period 7/1/2023 - 6/30/2024.

HEALTH DEPARTMENT USE ONLY

Date Application Filed:		Health District:	3 4 5 Message OTHER
Date to Zoning:		Inspector:	Phone
Date from Zoning:		Supervisor's Initials:	Date:



Please submit to:
 CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH
 49 South Van Ness Avenue, Suite 600, San Francisco, CA - (415) 252.3800



Zoning Referral for Health Permit

Cottage Food Operation

1. Business Information

BUSINESS STREET ADDRESS:		
NAME OF BUSINESS:		
TOTAL SQUARE FOOTAGE OF AREA (includes storage and bathroom areas):	OUTDOOR SEATING AREA?	OUTDOOR FOOD/DRINK SERVICE?
Total Area: Kitchen Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHAT FLOOR OF THE BUILDING WILL THE BUSINESS OCCUPY?		
<input type="checkbox"/> Ground (First) Level <input type="checkbox"/> Second Level <input type="checkbox"/> Third Level <input type="checkbox"/> Other Level:		

- 1a. Change of Use (depending of the zoning of the property, neighborhood notification may be required): Yes No
 If yes, what is the existing use? _____
- 1b. Change of business ownership? Yes No
 If not a change of ownership, then is it a new establishment? Yes No
- 1c. Is the establishment vacant? Yes No
 If yes, how long was the establishment vacant? _____
- 1d. Do you propose to alter the interior or exterior of the establishment? Yes No
 If yes, what is the Building Permit Application Number? _____
- 1e. Is the business a Formula Retail Chain or Franchise with 11 or more locations within the U.S.? Yes No
 If yes, a Formula Retail Affidavit is **required**. (Formula Retail - P.C. Sec. 303.1)
- 1f. Does this business sell alcoholic beverages? Yes No
 If yes, read page two for category restrictions.

2. Type of Operation, please check:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Limited Restaurant
<input type="checkbox"/> Bar	<input type="checkbox"/> General / Specialty Grocery
<input type="checkbox"/> Catering	<input checked="" type="checkbox"/> Cottage Food Operator
<input type="checkbox"/> Massage (if applicable, please select your type of massage business below)	
<input type="checkbox"/> Chair/Foot Massage Only <input type="checkbox"/> Sole Practitioner Establishment <input type="checkbox"/> Within a gym, hotel, or hospital	
<input type="checkbox"/> Other: CFO Applicants MUST provide description:	

- 2a. Accessory Use (business within another business)? Yes No **If yes, plans are required.**
- 2b. Days / Hours of Operation: _____

3. Applicant's Affidavit

NAME:	
<input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Agent	
MAILING ADDRESS: (STREET ADDRESS, CITY, STATE, ZIP)	
PHONE:	EMAIL:
()	

1. I am the owner or authorized agent of the owner of this property.
2. The information presented on this application is true and correct to the best of my knowledge.
3. Additional information or applications may be required in order to render this application complete.

Applicant's Signature: _____ Date: _____



PLANNING DEPARTMENT USE ONLY

BLOCK / LOT:	ZONING:	RUD / SUD:	LCU / NCU:
ZONING REFERRAL NUMBER:	OFFICIAL SITE ADDRESS (if different):		
BPA NUMBER:	312 NOTICE COMPLETE: <input type="checkbox"/> Yes <input type="checkbox"/> No	PRELIMINARY SCREENING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CASE NO.:	MOTION NO.:	EFFECTIVE DATE:	CONDITIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER:			
ADDITIONAL DOCUMENTS REQUIRED:			
<input type="checkbox"/> SITE PLAN	<input type="checkbox"/> MESSAGE DOCS	<input type="checkbox"/> OTHER: _____	

RECOMMENDATION:	Per Planning Code Section:
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
CONDITIONS OF APPROVAL:	
COMMENTS:	
AUTHORIZATION:	
Signature: _____	Date: _____
Printed Name: _____	Phone: () _____

Restaurant ^{790.91}: A retail eating and/or drinking use which serves prepared, ready-to-eat cooked foods to customers for consumption on or off the premises and which has seating. It may have a Take-Out Food^{790.122} as a minor and incidental use. It may provide on-site alcohol sales for drinking on the premises (ABC Types 41, 47, 49, 59, or 75); however, if it does it is required to operate as a Bona Fide Eating Place^{790.142}. It is not required to operate within an enclosed building per Section 703.2(b)(1) so long as it is also a Mobile Food Facility^{102.34}. Any outdoor seating and/or dining area is subject to regulation as an Outdoor Activity Area.

Limited Restaurant ^{790.90}: A retail eating and/or drinking use which serves ready-to-eat foods and/or drinks to customers for consumption on or off the premises, that may or may not have seating. It may provide off-site beer and/or wine sales for consumption off the premises with an ABC Type 20 license within the accessory use limits of Section 703.2(b)(1)(C)(vi).

Bar ^{790.22}: A retail use which provides on-site alcoholic beverage sales for drinking on the premises. ABC License Types include: 42, 48, or 61 (no minors permitted on premises) and 42 or 60 (minors permitted on premises).

General Grocery ^{790.102(a)}: A retail food establishment that offers a diverse variety of unrelated, non-complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption

Specialty Grocery ^{790.102(b)}: A retail food establishment that offers specialty food products, such as baked goods, pasta, cheese, confections, coffee, meat, seafood, produce, artisanal goods and other specialty food products, and may also offer additional complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption.

Other may include: Massage Establishment ^{790.60}, **Tobacco Paraphernalia Establishment** ^{790.123}, **Medical Cannabis Dispensary** ^{790.141}, **Service, Personal** ^{790.116}, **Take-out Food** ^{790.122}

For more information regarding types of establishments, zoning, and Planning Code questions, you may go on-line to www.splanning.org or contact the Planning Information Center (PIC) for more information:

Planning Information Center (PIC)
 49 South Van Ness Avenue, 2nd Floor
 San Francisco, CA 94103
 TEL : (628) 652-7600
 EMAIL : pic@sfgov.org



Declaration of Healthy and Safe Working Conditions
Declaración de Condiciones de Trabajo Sanas Y Seguras
健康及安全工作條件聲明
Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho

The Department of Public Health is responsible for ensuring healthy and safe conditions for those working and living in San Francisco. Establishments permitted by the Department must remain compliant with all laws.

El Departamento de Salud es responsable de asegurar condiciones saludables y seguras para las personas que trabajan y viven en San Francisco. Establecimientos permitidos por el Departamento deben cumplir con todas las leyes.

衛生署是負責確保於三藩市工作及居住的人士有一健康和安全的環境。從衛生署取得許可營運的設施/場所必須保持遵守所有法律。

Ang Kagawaran ng Pamublikong Kalusugan ay may pananagutan para sa pagtiyak ng mabuti at ligtas na mga kondisyon para sa mga nagtatrabaho at naninirahan sa San Francisco. Ang mga establisyemento na pinahihintulutan ng Kagawaran ay dapat manatiling sumusunod sa lahat ng mga batas.

Owner/Operator:	_____
DBA/Name of Business:	_____
Business Address:	_____ San Francisco, CA 941 _____

翻譯及你的簽署聲明在本頁後面。

¡Ojo! La traducción y firma de su declaración se encuentra en la parte posterior de esta página.

Ang pagsasalin at paglagda ng iyong deklarasyon ay nasa likod ng pahinang ito.

1.	I understand that this business must comply with all local, state, and federal labor laws in order to obtain and maintain a valid Permit To Operate from the Department. I affirm that as an operator of the above business, I am aware of and agree to comply with the following laws when applicable to my business:	
	<ul style="list-style-type: none"> • San Francisco Labor Codes <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 4—Have and maintain Workers Compensation Insurance or be self-insured) <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 2—Employment Regulation and Supervision <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 5—Occupational Health and Safety <input type="radio"/> Yes <input type="radio"/> No • All other federal, state, and local labor codes <input type="radio"/> Yes <input type="radio"/> No 	
2.	I will request my provider of Workers Compensation Insurance to designate as a “Certificate Holder” the SF Environmental Health Branch at 49 South Van Ness Ave, #600, San Francisco, CA 94103.	<input type="radio"/> Yes <input type="radio"/> No

I am the owner or authorized agent of the owner of this business. I declare under penalty of perjury that the information on this Declaration of Healthy and Safe Working Conditions is true and correct.

Print Name	Signature	Date
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I acknowledge that failure to comply with all applicable federal, state, and local labor laws may result in suspension or revocation of my Permit To Operate issued by the San Francisco Department of Public Health or a referral to the applicable federal, state, or local agency for enforcement.

Print Name	Signature	Date
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1. 為了獲得與保持公共衛生署發出的有效營運許可証，我明白此設施/場所必須遵守全部本地、州、和聯邦政府的勞工法例。我申明作為上述設施/場所的營運商，我了解並同意遵守以下的法例：

- 三藩市勞工法 會 不會
- 加州勞工法第4部分 - 具備維護工人賠償保險或自我保險 會 不會
- 加州勞工法第2部分 - 就業監管與監督 會 不會
- 加州勞工法第5部分 - 職業健康及安全 會 不會
- 所有其它的聯邦、州、和本地勞工法 會 不會

2. 我將會要求我的工人賠償保險提供者指定位於49 South Van Ness Ave, #600, San Francisco, CA 94103 的三藩市環境衛生部 (SF Environmental Health Branch) 為“證書持有者”。 會 不會

本人是本企業的擁有着或其授權代理人。在會觸及偽證處罰情況下，本人聲明本健康及安全工作條件聲明中的資訊均是真實與正確。

以正楷英文清楚寫上姓名

簽名

日期

我確知如不遵守所有實施的聯邦、州、及本地勞工法例會導致三藩市公共衛生署簽發給我的營運許可証被中止或撤銷或我會被轉介到相關的聯邦、州、或本地執法機構。

清楚寫上姓名

簽名

日期

1. Yo entiendo que este negocio debe cumplir con todas las leyes laborales locales, estatales y federales con el fin de obtener y mantener un Permiso Para Operar válido del Departamento de Salud Pública. Yo afirmo que como operador del negocio mencionado arriba, estoy consciente de y acepto cumplir con las siguientes leyes, cuando si aplicable a mi negocio:

- Ordenanzas laborales de San Francisco Sí No
- División 4 del Código Laboral de California -Tener y mantener Seguro de Compensación de Trabajadores o tener su propio seguro) Sí No
- División 2 del Código Laboral de California - Regulación y Supervisión del Empleo Sí No
- División 5 del Código Laboral de California - Salud y Seguridad Ocupacional Sí No
- Todos los demás códigos laborales federales, estatales y locales Sí No

2. Solicitaré a mi proveedor de Seguro de Compensación del Trabajador que designe como "Titular de Certificado" la Subdivisión de Salud Ambiental de SF en el 49 South Van Ness Ave, #600, San Francisco, CA 94103 Sí No

Soy el propietario o un representante autorizado del propietario de este negocio. Declaro bajo pena de perjurio que la información en esta Declaración de Condiciones Trabajo Saludables y Seguras es verdadera y correcta.

Escribir Nombre

Firma

Fecha

Yo reconozco que incumplimiento de todas las leyes laborales federales, estatales y locales puede resultar en la suspensión o revocación de mi Permiso Para Operar emitido por el Departamento de Salud Pública de San Francisco o ser referido a la agencia federal, estatal, o local aplicable para hacer cumplir la ley.

Escribir Nombre

Firma

Fecha

1. Nauunawaan ko na itong negosyo ay dapat sumunod sa lahat ng lokal, estado, at pederal na batas sa paggawa upang makakuha ng at mapanatili ang isang may-bisang permiso na mangasiwa mula sa Kagawaran. Pinagtibay ko na bilang isang tagapangasiwa ng negosyong ito, nababatid at sinasang-ayunan ko ang mga sumusunod na batas kung naaangkop sa aking negosyo

- San Francisco Labor Codes Oo Hindi
- California Labor Code Division 4—Magkaroon at magpanatili ng Workers Compensation Insurance o self-insurance. Oo Hindi
- California Labor Code Division 2—Regulasyon ng trabaho at pangangasiwa Oo Hindi
- California Labor Code Division 5—Kalusugan at kaligtasan sa trabaho Oo Hindi
- Lahat ng iba pang mga pederal, estado at lokal na batas sa paggawa Oo Hindi

2. Ako ay hihiling sa aking tagalaan ng Workers Compensation Insurance upang maitalaga bilang isang "Certificate Holder" ang SF Environmental Health Branch sa 49 South Van Ness Ave, #600, San Francisco, CA 94103 Oo Hindi

Ako ang may-ari o ang awtorisadong ahente ng may-ari ng negosyong ito. Idinedeklara ko sa ilalim ng parusa sa panunumpa nang walang katotohanan na totoo at tama ang impormasyon sa Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho na ito.

Pangalan

Lagda

Petsa

Tinatanggap ko na ang hindi pagsunod sa lahat ng mga pederal, estado, at lokal na batas sa paggawa ay maaaring magdulot ng suspensyon o pagbawi ng aking permiso na mangasiwa na ibinigay ng Kagawaran ng Pamublikong Kalusugan ng San Francisco, o isang pagsanguni sa angkop na pederal, estado, o lokal na ahensiya para sa pagpapatupad.

Pangalan

Lagda

Petsa



Labor Law Checklist For San Francisco Business Owners

AS A SMALL BUSINESS OWNER, YOU ARE RESPONSIBLE FOR COMPLYING WITH FEDERAL, STATE, AND LOCAL LABOR LAWS.

THIS CHECKLIST IS FOR YOUR USE AND DOES NOT NEED TO BE SUBMITTED. IT WILL HELP YOU COMPLY WITH THE MOST IMPORTANT SAN FRANCISCO AND CALIFORNIA LABOR LAWS. IT IS NOT A COMPLETE LIST, AND IT IS NOT INTENDED AS LEGAL ADVICE. CONTACT THE LABOR LAW AGENCIES LISTED AT THE END OF THIS CHECKLIST FOR DETAILED INFORMATION.

WAGES

- 1. Pay all workers the *San Francisco* Minimum Wage, which adjusts annually. Maintain time and payroll records.
- 2. Pay overtime pay of 1.5 times for hours over 8 per day or 40 per week.
- 3. Pay all wages within legal timeframe when employees terminate their employment.
- 4. Display posters about wages, unemployment, and pay day.

REST BREAKS

- 5. Provide 10 minutes of paid break for every 4 hours worked.
- 6. Provide 30 minutes of uninterrupted unpaid break for every 5 hours worked.

HEALTH BENEFITS

- 7. Provide 1 hour of paid sick leave for every 30 hours worked.
- 8. Contribute towards health care if you have more than 20 employees.
- 9. Provide up to 12 weeks of unpaid medical leave if you have more than 50 employees.
- 10. Purchase workers compensation insurance for all employees.
- 11. Deduct disability insurance.
- 12. Display posters about sick pay and workers compensation benefits.

YOUNG WORKERS

- 13. Ask for work permits if under 18.
- 14. Schedule them to work not too many hours or too early or late in the day.
- 15. Assign teens low-risk job tasks.

SAFETY AND HEALTH PROTECTION

- 16. Prepare and implement an Injury and Illness Prevention Program.
- 17. Identify and correct unsafe and hazardous conditions.
- 18. Establish safe working procedures.
- 19. Provide and maintain all safety tools and equipment that employees need.
- 20. Make available to employees a Material Safety Data Sheets for each chemical used.
- 21. Provide training on hazards, safe operating procedures, and the use of safety equipment. Use visual aids (signs, labels, posters) to reinforce training.
- 22. Keep 3 feet clearance (no storage) in front of electrical panels. Replace damaged electrical cords. Replace missing covers of electrical boxes.
- 23. Inspect first aid kits regularly, replenish materials as needed.
- 24. Keep aisles and exit route clear of obstructions. Keep floors clean and dry or supply mats. Clean up spills immediately.
- 25. Report serious injury, illness, or death to Cal-OSHA immediately.
- 26. Keep records of injuries and illnesses as well as insurance claims related to work place injuries. If using a Log 300, records workplace injuries and illnesses on the log.
- 27. Provide medical exams if required by law and provide employees access to their medical records and results of workplace chemical exposure records.
- 28. Post Cal-OSHA Safety & Health Protection on the Job poster.

OTHER GENERAL RESPONSIBILITIES

- 29. Provide equal employment opportunities regardless of race, color, religion, sex, or national origin, disabilities, marital status, or age.
- 30. Prohibit sexual harassment or other types of harassment towards employees who have refused to do unsafe work or have made a complaint to a labor law enforcement agency.
- 31. Allow workers to organize and form a union.

WHERE TO GET MORE INFORMATION

Item #	Agency
1	SF-OSLE
2	CA-DLSE
3	CA- DLSE
4	SF-OSLE
5	CA- DLSE
6	CA- DLSE
7	SF-OSLE
8	SF-OSLE
9	FEH
10	WC
11	EDD
12	WC, SF-OSLE
13	CA- DLSE
14	CA- DLSE
15	CA- DLSE
16	Cal-OSHA
17	Cal-OSHA
18	Cal-OSHA
19	Cal-OSHA
20	Cal-OSHA
21	Cal-OSHA
22	Cal-OSHA
23	Cal-OSHA
24	Cal-OSHA
25	Cal-OSHA
26	Cal-OSHA
27	CA-OSHA
28	Cal-OSHA
29	FEH
30	FEH
31	NLRB

Agency List

- ➔ **(CA-DLSE)** Department of Industrial Relations
Division of Labor Standards Enforcement
455 Golden Gate Ave., 10th fl.
San Francisco, CA 94102
(415) 703-5300 www.dir.ca.gov/dlse
- (Cal-OSHA)** Department of Industrial Relations
California Occupational Safety and Health Administration
121 Spear Street, Room 430
San Francisco, CA 94105
(415) 972-8670 www.dir.ca.gov/dosh
- ➔ **(EDD)** Employment Development Department
745 Franklin Street, #300
San Francisco, CA 94102
(800) 480-3287 www.edd.ca.gov
- (FEH)** Department of Fair Employment and Housing
2218 Kausen Dr., #100
Elk Grove, CA 95758
(800) 884-1684 www.dfeh.ca.gov
- (NLRB)** National Labor Relations Board
901 Market Street, #400
San Francisco, CA 94103
(415) 356-5130 www.nlr.gov
- ➔ **(SF-OSLE)** Office of Labor Standards Enforcement
1 Dr. Carlton B. Goodlett Place, Room 430
San Francisco, CA 94102
(415) 554-6271 www.sfgov.org/olse
- (WC)** Department of Industrial Relations
Division of Workers' Compensation
455 Golden Gate Ave., 2nd fl.
San Francisco, CA 94102
(415) 703-5011 www.dir.ca.gov/dwc



Written Operational Procedures for Cottage Food Operation

Environmental Health shall review and approve the operating procedure prior to the approval of the Cottage Food Operation. Any change to the procedure or the end product requires approval by this office. This form must be completed for each food product.

Owner/Operator: _____

DBA: _____

Address: _____, San Francisco, California

Name of Product (s): _____

Ingredients: _____

Summary of Food Process: (i.e. recipe):
(Use additional paper if necessary):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

4. Sanitation Requirements: Yes No

- | | | |
|--|--------------------------|--------------------------|
| A. 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"/> |
| B. 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"/> |
| C. All food preparation, food, and equipment storage areas shall be maintained free of vermin. | <input type="checkbox"/> | <input type="checkbox"/> |

5. 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. A Cottage Food Operation (CFO) approves only foods that are defined as “non-potentially hazardous” for preparation. These are food items that do not require refrigeration to keep them safe from bacterial growth that could cause food-borne illness.

6. Food Processor Course (Must Be Completed within 90 Days After Permit Approval):

Check one

- California Department of Public Health (CDPH) Cottage Food Course
- ANSI approved Food Handlers Card _____ provider

7. 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, 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.

8. Product Labeling: Initial if you agree to abide by the following: _____

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). A sample label must be submitted to this department for review and approval and contain the following:

- “Made in a Home Kitchen” in 12-point font type is on the Front of label.
 - The name commonly used to describe the food product.
 - City, State and Zip Code of the cottage food operation.
 - Net quantity (count, weight, or volume).
 - Legible and in English.
 - List ingredients of the food product in descending order of predominance by weight.
 - Registration/permit number of the “Class A” or “Class B” CFO (if applicable – name of the county where the permit was issued).
 - Major food allergens.
-

MADE IN A HOME KITCHEN
Permit #: CFOA/B12345
Issued in county: San Francisco

Chocolate Chip Cookies With Walnuts
Sally Baker
San Francisco, CA 94124

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), walnuts, sugar, and eggs, salt, artificial vanilla extract, and baking soda.

Contains: Wheat, eggs, milk, soy, walnuts

Net Wt. 3 oz. (85.049 g)

9. 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"/> Roasted Coffee |
| <input type="checkbox"/> Candy | <input type="checkbox"/> Dry Baking Mixes | <input type="checkbox"/> Mustard | <input type="checkbox"/> Vinegar | <input type="checkbox"/> Dried Tea |
| <input type="checkbox"/> Churros | <input type="checkbox"/> Waffle Cones | <input type="checkbox"/> Tortillas | <input type="checkbox"/> Fruit Butter** | <input type="checkbox"/> Nut Butters |
| <input type="checkbox"/> Dried Mole Paste | <input type="checkbox"/> Herb Blends | <input type="checkbox"/> Pizelles | <input type="checkbox"/> Jams/Jellies** | <input type="checkbox"/> Fruit Empanadas |
| <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"/> Sweet Sorghum Syrup | <input type="checkbox"/> Granola/Cereals | <input type="checkbox"/> Chocolate Covered Nonperishable Food | | |

**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>

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.

11. Gross Annual Sales Maximum: 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 \$75,000 in gross annual sales for CFO A and \$150,000 for CFO B.

12. Water Source: Initial if you agree to abide by the following: _____

I understand that water source used for CFO must be potable water from the San Francisco public water system.

13. Owner’s Statement:

I, _____, agree to grant access to the local health department to conduct an inspection of my CFO.
 Print Full Name

Mark one:

“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

I, _____, agree to notify City and County of San Francisco Department of Public Health, 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 the product is sold, consigned, or given away.
 Print Full Name

Owner’s Signature

Print Name

Date