CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH
2525 GRAND AVENUE, ROOM 220, LONG BEACH CA 90815
562-570-4132 fax 562-570-4038
foodinspectors@longbeach.gov

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

CFO Business Name:		Date:
CFO Physical Address:	CFO City:	CFO ZIP:
Owner Name:	Owner Phone:	Owner Cell:
Mailing Address (if different):	Mailing City:	Mailing ZIP:
Email Address:		
Website:		

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. "Class A" Self Certification Checklist:

☐ Checklist completed ("Class A" CFOs Only) (Checklist available at www.longbeach.gov/health)

4. Products:

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

☐ Baked Goods	☐ Dried Pasta	☐ Honey	☐ Popcorn
☐ Candy	☐ Dry Baking Mixes	☐ Mustard	☐ Vinegar
☐ Churros	☐ Waffle Cones	☐ Tortillas	☐ Fruit Butter **
☐ Dried Mole Paste	☐ Herb/Spice Blends	☐ Pizelles	☐ Jams/Jellies**
☐ Trail Mix	☐ Fruit Tamales/Pies	☐ Nuts/Nut Mixes	☐ Dried Fruit
☐ Fruit Empanadas	☐ Nut Butters	☐ Dried Tea	☐ Roasted Coffee
☐ Sweet Sorghum Syrup	☐ Granola/Cereals	☐ Chocolate Covered Nonperishable Food	
☐ 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: _____

_____

_____

_____

5. Product Labeling:

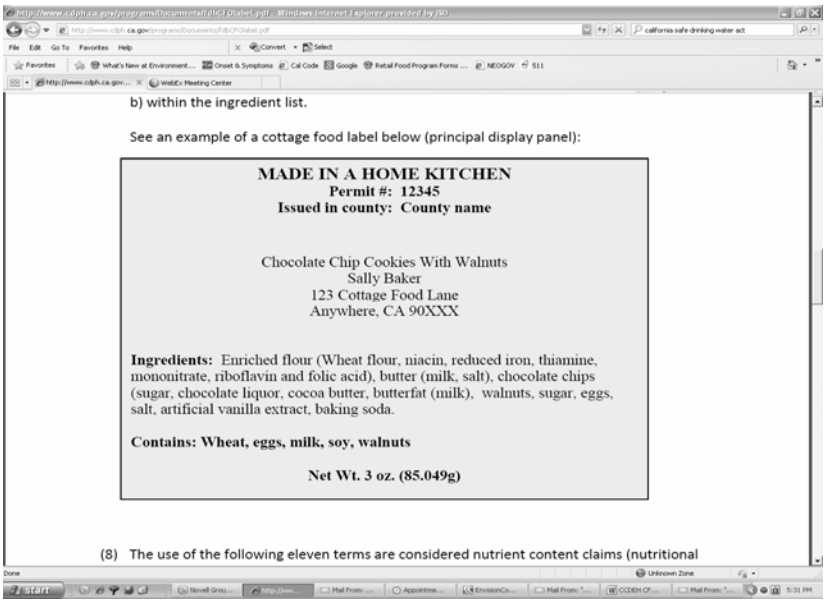
Initial if you agree to abide by the following: _____

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 which 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 which 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 Cottage Food Labeling Guideline 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 Cottage Food Labeling Guideline 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 come into 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:



b) within the ingredient list.

See an example of a cottage food label below (principal display panel):

MADE IN A HOME KITCHEN
Permit #: 12345
Issued in county: County name

Chocolate Chip Cookies With Walnuts
Sally Baker
123 Cottage Food Lane
Anywhere, CA 90XXX

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, eggs, salt, artificial vanilla extract, baking soda.

Contains: Wheat, eggs, milk, soy, walnuts

Net Wt. 3 oz. (85.049g)

(8) The use of the following eleven terms are considered nutrient content claims (nutritional

Note: For the "Issued in County" – Identify the jurisdiction (city/county) where you are obtaining approval.

6. 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. Then either attach lab results or provide name of lab, date & results in space provided next to type of test. * *(Testing Frequencies for Transient Non-Community Water Systems after initial testing)*
☐ Bacteriological Test (*quarterly**):
☐ Nitrate Test (*yearly**):
☐ Nitrite (*every 3 years**):

**Additional information may be required if food is prepared from a home with a private water supply – Check with local jurisdiction

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 City of Long Beach Environmental Health at 562-570-4132 immediately.

8. Food Processor Course: Initial if you agree to abide by the following: _____

Within 3 months of being approved to operate by City of Long Beach Environmental Health, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course*. Proof of completion may be faxed to us at 562-570-4038.
* See CDPH Website for more information: http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx

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, 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.

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

11. Delivery Limitations: Initial if you agree to abide by the following: _____

I understand that all "Class A" & "Class B" CFO products must be delivered directly (in person) to the customer.

12. Owner's Statement:

I,_____ , agree to grant access to the City of Long Beach Health Department to conduct an inspection of my cottage food operation (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 of Long Beach Dept. of Health & Human Services, 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.

_____	_____	_____
Owner's Signature	***Print Name***	***Date***

NOTE: REGISTRATION/PERMIT FEE WILL BE BILLED TO CFO BILLING ADDRESS AFTER APPROVAL OF APPLICATION. REGISTRATION OR PERMIT WILL BE MAILED UPON RECEIPT OF PAYMENT. DO NOT BEGIN PROCESSING FOODS UNTIL YOU RECEIVE YOUR REGISTRATION OR PERMIT FROM THE HEALTH DEPARTMENT.

OFFICE USE ONLY

AMT BILLED_____ DATE BILLED_____CLERK INITIALS_____
PERMIT/REGIS #_____PROGRAM REC #_____
CENSUS TRACT#_____EHS DISTRICT #_____

DATE APPROVED & BY
Supervisor/EHS:_____

SUBMIT

Please print and mail if you can not submit electronically