

SOLANO COUNTY Department of Resource Management Environmental Health Division

675 TEXAS ST., SUITE 5500 FAIRFIELD, CALIFORNIA 94533 (707) 784-6765 Fax (707) 784-4805 www.solanocounty.com

OFFICIAL USE ONLY			
16			_ B
Reviewed by:			
Date	:		
Amt.	Paid:		_

COTTAGE FOOD OPERATION (CFO) RENEWAL Class A____ Class B____

General Information CFO Business Name: CFO Address*: ____ City: _____ Zip: Email: Phone #: *If you no longer reside in the residence where your CFO was originally issued, a new application and fee is required.* Food Product Types: Check ALL the items that will be prepared and/or distributed by the CFO: Baked Goods (attach П **Dried Pasta** Honey Popcorn list) Candy П **Dry Baking Mixes** ☐ Mustard ☐ Vinegar Churros П Waffle Cones Tortillas Fruit Butter ** **Dried Mole Paste** Herb/Spice Blends Jams/Jellies** Pizelles П Trail Mix Fruit Tamales/Pies ☐ Nuts/Nut Mixes ☐ Dried Fruit Dried/Dehydrated Vegetable/Potato Dried Vegetarian П Cotton Candy Vegetables Chips Soup Mix Fruit Empanadas **Nut Butters** □ Dried Tea ☐ Roasted Coffee П Sweet Sorghum Syrup Granola/Cereals ☐ Chocolate Covered Nonperishable Food **All items must comply with standards described in Part 150 of Title 21 of the Code of Federal Regulations, which can be found on-line at: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150 **Gross Annual Sales:** Initial that you are abiding by the following: ____ The CFO shall not exceed \$75,000 in gross annual sales for Class A and \$150,000 for Class B. Sales above this level will result in a loss of the CFO status and all operations will be required to cease from your residence. ☐ A list of all CFO menu items is attached. ☐ A copy of each label for each item I sell is attached. ☐ A copy of my valid food handler card is attached. I certify that to the best of my knowledge and belief the statements made herein are true and correct. Name Signature

Date