



# COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 SIERRA WAY STE. B/PO BOX 1489, SAN LUIS OBISPO, CA 93401

PHONE: (805)781-5544 FAX: (805)781-4211

EMAIL: EHS@CO.SLO.CA.US



**Public Health**  
Prevent. Promote. Protect.

County of San Luis Obispo  
Public Health Department

## HEALTH PERMIT APPLICATION FOR FOOD, PUBLIC SWIMMING POOLS AND BODY ART FACILITIES

### PERMIT TYPE (CHECK ONE):

- RESTAURANT, # OF SEATS: \_\_\_\_\_
- BAR (NO FOOD PREPARATION)
- MARKET OR BAKERY, SQUARE FOOTAGE: \_\_\_\_\_
- CATERER

### TEMPORARY FOOD FACILITY:

- MULTIPLE EVENTS

### COTTAGE FOOD OPERATOR:

- COTTAGE FOOD "A"
- COTTAGE FOOD "B"

### MOBILE FOOD FACILITY

- SWAP MEET:  PREPACKAGED  PRODUCE

- OTHER FOOD (DESCRIBE) \_\_\_\_\_

### BODY ART FACILITY

- POOL # \_\_\_\_\_ SPA # \_\_\_\_\_

### IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:

- BUSINESS NAME CHANGE
- OWNERSHIP CHANGE
- BUSINESS SITE LOCATION CHANGE
- BILLING INFORMATION CHANGE
- OTHER: \_\_\_\_\_

IS FOOD FACILITY USED AS A COMMISSARY? (KITCHEN AND/OR STORAGE AREAS ARE AVAILABLE TO BE RENTED TO OTHER BUSINESSES)

YES  NO

WERE PLANS FOR THIS PROJECT PREVIOUSLY SUBMITTED TO ENVIRONMENTAL HEALTH?

YES  NO

PLEASE CHECK IF YOUR BUSINESS QUALIFIES FOR ONE OF THE FOLLOWING:

- REPRESENTS A NONPROFIT ORGANIZATION  
TAX ID NUMBER \_\_\_\_\_
- QUALIFIES FOR VETERAN'S EXEMPTION (PLEASE PROVIDE A COPY OF YOUR DD214 FORM)

### FACILITY INFORMATION

BUSINESS NAME (DBA) \_\_\_\_\_

PREVIOUS BUSINESS NAME (ONLY IF APPLICABLE) \_\_\_\_\_

BUSINESS SITE ADDRESS \_\_\_\_\_

LEGAL OWNER NAME \_\_\_\_\_

SELECT ONE:  SOLE PROPRIETORSHIP  PARTNERSHIP INCORPORATED

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

OWNER/BUSINESS EMAIL ADDRESS \_\_\_\_\_

### BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS ADDRESS ABOVE, CHECK THIS BOX

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME) \_\_\_\_\_

BILLING TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

By signing below, I represent as follows: I am the Owner or Authorized Representative of the business applying for this Health Permit (hereafter "Permit"). I consent to all necessary fees and inspections permitted by law and incidental to the issuance of this Permit. I agree to operate the business in compliance with all applicable state and local laws, ordinances, regulations, and procedures and **to obtain all authorizations and permits required by all local planning and building agencies**, in order to ensure compliance with the Permit, its rights, and its limitations. I shall immediately notify Environmental Health Services in writing if business closes or a change of ownership occurs. I acknowledge that HEALTH PERMITS ARE NON-TRANSFERRABLE. I declare under penalty of perjury under the laws of the state of California that the statements made in this Health Permit Application are true and correct.

SIGNATURE OF APPLICANT \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ ENTERED BY \_\_\_\_\_ ENTERED DATE \_\_\_\_\_

PE# \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CHECK OR CC AUTH # \_\_\_\_\_ CASH

NONPROFIT: TAX ID # \_\_\_\_\_  VETERAN EXEMPT DD214 ATTACHED  YES  NO

PR# \_\_\_\_\_ SR# \_\_\_\_\_ FA# \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_

INSPECTOR APPROVED \_\_\_\_\_ DATE \_\_\_\_\_



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**COTTAGE FOOD OPERATION  
REGISTRATION AND SELF CERTIFICATION CHECKLIST**

*The following requirements are outlined in the Cottage Food Operations (CFO) regulations and are provided as minimum standards of health and safety for the preparation of approved cottage foods in the home.*

**BUSINESS INFORMATION**

COTTAGE FOOD OPERATION (CFO) BUSINESS NAME \_\_\_\_\_

COTTAGE FOOD OPERATION OWNER \_\_\_\_\_

PHYSICAL ADDRESS OF COTTAGE FOOD OPERATION \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE COTTAGE CATEGORY BUSINESS WILL BE OPERATING UNDER:

CLASS A  
(DIRECT SALES ONLY)

CLASS B  
(DIRECT AND INDIRECT SALES)

**PROHIBITED ITEMS:**

*Foods containing cream, custard, or meat fillings are potentially hazardous and are not allowed. A Cottage Food Operation (CFO) can prepare only foods that are on the California Department of Public Health list of approved food items.. These are food items that do not require refrigeration to keep them safe from bacterial growth therefore reducing the likelihood of food-borne illness.*

1. **PRODUCT(S) THAT WILL BE PREPARED AT COTTAGE FOOD OPERATION:** \_\_\_\_\_

2. **LIST OF ALL INGREDIENTS USED IN YOUR COTTAGE FOOD OPERATION (PLEASE ATTACH SEPARATE LIST IF NECESSARY):**

3. **POTABLE WATER SOURCE (CHECK THE WATER SOURCE YOU WILL USE IN YOUR COTTAGE OPERATION):**

CITY WATER DISTRICT: \_\_\_\_\_  PRIVATE WELL\*

4. **WASTEWATER DISPOSAL (INDICATE THE TYPE OF SYSTEM YOU WILL USE TO DISPOSE OF WASTEWATER)**

PUBLIC SEWER SYSTEM: \_\_\_\_\_  PRIVATE SEPTIC SYSTEM\*

\*FOR COTTAGE FOOD OPERATIONS:

- BE ADVISED THAT THE ADDITIONAL WASTEWATER FLOWS FROM YOUR COTTAGE FOOD OPERATION MAY HAVE AN IMPACT ON YOUR SEPTIC SYSTEM.
- IF THE SITE IS SERVED BY A WATER WELL, COUNTY ENVIRONMENTAL HEALTH SERVICES REQUIRES THAT THE WATER BE ANALYZED BY A PRIVATE LAB TO ENSURE IT MEETS MINIMUM BACTERIAL AND CHEMICAL STANDARDS. CONTACT THIS OFFICE FOR ADDITIONAL INFORMATION AT (805) 781-5544.

### SELF CERTIFICATION CHECKLIST

This self-certification checklist shall verify that the Cottage Food Operation conforms to the following requirements. Please check the boxes and provide information as requested below:

#### FACILITY REQUIREMENTS:

YES NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. The CFO is located in a dwelling where the CFO operator currently resides.          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All CFO food preparation will take place in the private kitchen within that home.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Additional storage used for the CFO will be within the home.                        | <input type="checkbox"/> | <input type="checkbox"/> |
| A. If YES, is the room used exclusively for storage?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sleeping quarters are excluded from areas used for CFO food preparation or storage. | <input type="checkbox"/> | <input type="checkbox"/> |

#### ZONING REQUIREMENTS:

YES NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 5. I have complied with the applicable zoning requirements for the CFO.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I have attached documentation from the planning office (if required). | <input type="checkbox"/> | <input type="checkbox"/> |

#### EMPLOYEE AND TRAINING REQUIREMENTS:

YES NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 7. Have all persons preparing or packaging CFO products completed CDPH food processor course or plan to complete the course within three months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The CFO has no more than 1 full-time equivalent employee? (immediate family or household)   | <input type="checkbox"/> | <input type="checkbox"/> |

*Within 3 months of being approved to operate by Environmental Health Services, you must provide proof of completion of the required California Department of Public Health (CDPH) food processor course.*

*Proof of completion may be faxed to the Department at (805) 781-4211*

*For information on CDPH course availability, visit their web site at [www.cdph.ca.gov](http://www.cdph.ca.gov).*

#### LABELING REQUIREMENTS:

YES NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 20. A copy of the label has been submitted to this department for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. A sample label has been attached   | <input type="checkbox"/> | <input type="checkbox"/> |

**All cottage food must be labeled in accordance with the Federal Food, Drug, and Cosmetic Act (Title 21 of the U.S. Code; Sect. 343 et seq.).**

The cottage food label shall include the following:

- A. The words **"Made in a Home Kitchen"** in 12-point type
- B. The name commonly used for the food product
- C. The name of CFO which produced the food
- D. The registration or permit number and, **for Class B** (direct and indirect sale)
- E. The name of the local enforcement agency that issued the permit
- F. The product ingredients in descending order by weight
- G. **For Class B Operations only:** Products served without packaging or labeling shall be identified as home-made to the customer at a food facility; this can be done on the menu, menu board or any other easily accessible location

**SANITATION REQUIREMENTS:****YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 9. 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"/> |
| 10. 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"/> |
| 11. All food preparation and food equipment storage areas shall be maintained free of rodents and insects.  | <input type="checkbox"/> | <input type="checkbox"/> |

**FOOD PREPARATION REQUIREMENTS (INCLUDES PACKAGING AND HANDLING):****YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 12. Handwashing is required immediately prior to handling foods and after engaging in any activity that contaminates the hands such as after using the toilet, coughing or sneezing, eating or smoking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Warm water, hand soap and clean towels are available for and washing.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. All food ingredients used in the CFO products are from an approved source.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Potable water shall be used for handwashing, ware washing and as an ingredient.   | <input type="checkbox"/> | <input type="checkbox"/> |
| A. If water source is from a private well, have you completed testing for bacteria and nitrate?   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If water source is a public water system or community service district, what is the name of the system: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

**DURING THE PREPARATION, PACKAGING OR HANDLING OF CFO PRODUCTS:****YES NO**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 16. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Infants, small children and pets are excluded from the kitchen.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Smoking is excluded.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Any persons with a contagious illness shall refrain from work in the CFO.  | <input type="checkbox"/> | <input type="checkbox"/> |

*By signing below, you are certifying that you meet the requirements of the California Homemade Food Act, AB 1616 as it pertains to a "Class A" Cottage Food Operations. Prior to making any changes, I acknowledge that I must notify San Luis Obispo County Environmental Health Services of any intended changes to the above statement.*

*Cottage Food Operator Checklist completed and submitted by:*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*