

City of Oroville

Planning Division - Community Development Department

1735 Montgomery Street Oroville, CA 95965-4897 (530) 538-2430 FAX (530) 538-2426 <u>www.cityoforoville.org</u>

TRAKIT#: -

COTTAGE FOOD OPERATIONS (CFO)

(Please print clearly and fill in/provide all that apply)

REQUIRED FOR A COMPLETE APPLICATION	TYPE OF OPERATION	
{ } Completed and signed Application Forms	{ } Class A: (See below)	
{ } Application Fee Paid: (\$241.69) + 6% Tech Fee = \$256.19	{ } Class B: (see below)	
How many non-family members will be working at this CFO?	, , ,	
* All cottage food operation permits are non-transferrable, subject to all th	ne provisions in the City's zoning code AR-1616 and	
require approval from Butte County Public Health prior to starting oper		
CLASS A		
A "Class A" cottage food operation, which is a cottage food operation that may the cottage food operation or other direct sales venues described		
1. Submission of self-certification checklist verifying the cottage for	d operation conforms to the requirements of AB-1616.	
2. No cottage food preparation, packaging or handling may occur in activities, such as a family meal preparation, dishwashing, clothes entertainment.		
3. No infants, small children, or pets may be in the home kitchen dur food products.	ing the preparation, packaging, or handling of any cottage	
4. Kitchen equipment and utensils used to produce cottage food produce repair.	lucts shall be clean and maintained in a good state of	
5. All contact surfaces, equipment, and utensils used for the preparat shall be washed, rinsed, and sanitized before each use.	ion, packaging, or handling of any cottage food products	
6. All food preparation and food equipment storage areas shall be ma		
7. Smoking shall be prohibited in the portion of a private home used a cottage food products and related ingredients or equipment, or bot packaged, stored, or handled.		
CLASS B		
A "Class B" cottage food operation, which is a cottage food operation that magfood products from the cottage food operation, from direct sales venues described in AB-1616, and the cottage food facility described in AB-1616.	bed in AB-1616, from offsite events, or from a third-party is subject to the following:	
1. A "Class B" shall comply with the requirements described for "Cl	ass A" cottage food operation.	
$\ensuremath{^{**}}$ By initialing above, I acknowledge and agree to the stated requirements.		
FOOD TO BE PREPARED / LOCA	TION OF SALES	
(In detail, describe the type(s) of food(s) that will be prepared and all locations were sales will occur.)		

SELF-CERTIFICATION CHECKLIST		
Facility Requirements		
 Is the CFO located in a private dwelling where the CFO operator currently resides? Will the CFO food preparation take place in the private kitchen within the home? Will there be additional storage used for the CFO? If so, will it be exclusively for storage? Are sleeping quarters excluded from areas used for CFO food preparation and storage? Is the CFO served by a potable water supply? 	[] Yes [] No [] Yes [] No [] No [] Yes [] No [] Yes [] No	V/A
Employee & Training Requirements		
 Have all persons preparing or packaging CFO products completed the CDPH food processor course within 3 months of operation (after the training has become available)? Does the CFO have no more than 1 full-time employee? (Note: family members not included) 	[] Yes [] No	
Sanitation Requirements		
 Are kitchen equipment and utensils used in the CFO clean and in a good state or repair? Are all food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO products washed, rinsed, and sanitized before each use? Are food preparation and food/equipment storage areas maintained free of rodents and insects? 	[] Yes [] No	
Food Handling and Preparation Requirements		
	[] Yes [] No [] Yes [] No [] Yes [] No	
Permissible Sales Requirements	[] Yes [] No	
1. Does the CFO owner agree to restrict gross sales to no more than \$50,000 for the years subsequent to 2015?	[] Yes [] No	
APPLICANT'S SIGNATURE		
I hereby certify that the information provided in this application is, to my knowledge, true a	and correct.	
Applicant's Signature: Date:		
FOR OFFICE USE ONLY		
APPROVED BY: DATE:		
{ } Credit Card #: { } Debit Card #: { } Money Order { } Card		_

The Community Development Department operates on a full cost recovery for processing of permits. Staff will charge their time and any expenses associated with processing the application against the initial deposit. Fees that have been captured for the reimbursement of City expenses are non-refundable.