



Health, Housing &  
Community Services Department  
Environmental Health Division

## **Application Process To Register or Get a Health Permit for Residential Cottage Food Operations (California Homemade Food Act AB1616 (GATTO))**

Please check the Web posting for Cottage Foods Q & A Link at [www.cityofberkeley.info/environmental\\_health](http://www.cityofberkeley.info/environmental_health) and Cottage Food Guidelines. Cottage Foods Bill allows two types of food sales from the Residential Properties:

1. **Class A** (direct sales only), may or may not involve employees and customers) and
2. **Class B** (direct and indirect sales) it also may or may not involve employees and customers.
3. If have employees and customers, you must contact the Zoning (Step 1).
4. You must also obtain a Zoning certificate/a sign off and a Use permit from Planning Department.
5. Environmental Health will only issue a health permit or register your operation upon compliance with Step 1 & Step 2.

**Note:** sale of *non-processed edibles* is allowed without a health or zoning permit. For a definition of non-processed edibles, see the Berkeley Zoning Ordinance [Chapter 23.F](#).

### **Step 1: How to Obtain a Zoning Certificate:**

1. Contact the Zoning Official for their requirements
2. The Planning/Zoning Office is located at:  
2100 Milvia Street, Berkeley, CA 94704, (510) 981-7410

### **Complete Steps 1 & 2**

### **Step 2: Apply for a Business License:**

If your business is in Berkeley, you must obtain a Business License before obtaining a Registration or a Health Permit from the Division of Environmental Health

1. Contact the Finance Department for their requirements
2. Finance Office  
1947 Center Street – 1<sup>st</sup> Floor, Berkeley, CA 94704. (510) 981-7200

**Step 3: How to Obtain a Registration or a Health Permit from the Division of Environmental Health. Please allow 3 weeks to process the application:**

1. Contact the Division of Environmental Health  
1947 Center Street – 3<sup>rd</sup> floor, Berkeley, CA 94704, (510) 981-5310
2. File an application with Environmental Health (Forms CFO 001-004)
3. Provide proof of Zoning certificate and a Business License
4. Pay the required applicable fees for Class A or Class B and other applicable City permit fees
5. Class A requires registration from Environmental Health and a "self-certification checklist" from the applicant. (Form CFO – 001).
6. Class B requires an Annual Health Permit from Environmental Health (Form CFO-002).
7. Allow no less than 3 weeks for processing the application.

**Other Permit Conditions:**

1. Proof of payment of all applicable City permit fees,
2. Written authority granting inspectors to inspect during business hours
3. Verification of State Food Safety Training Requirements within 90 days
4. Compliance with Berkeley Municipal Code (BMC) Chapter 13.40 (noise), Chapter 12.70 (Smoking) and Title 11 (nuisance and waste management).
5. Any change in menu requires a new registration and fee. (Resubmit an application with the required forms)

**Required Environmental Health Cottage Food Operation (CFO) Forms:**

Self-Certification – CFO – 001

Registration/Permit – CFO – 002

Product Labeling – CFO- 003

Food processing Course – CFO -004

For questions, definitions, operation guidelines, structural recommendations and questions please check the link. [www.cityofberkeley.info/environmental\\_health](http://www.cityofberkeley.info/environmental_health)



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### COTTAGE FOOD OPERATOR SELF-CERTIFICATION CHECKLIST (CLASS A)

**Note: All items should be answered “Yes” in order to become registered unless there is a choice of “N/A”.**

- 1. CFO occurs at a rented or leased house/dwelling and the property owner has given permission to run CFO on site. Yes No N/A
- 2. CFO occurs at a house/dwelling where the operator resides. Yes No
- 3. CFO has acquired city/county zoning approval.  Yes No N/A
- 4. CFO has acquired any business or sellers permits required. Yes No N/A
- 5. Food processor class will be taken and certificate submitted to this department within 3 months. Yes No
- 6. A person with a contagious illness will not work in CFO. Yes No
- 7. Sink where hand washing occurs has
  - a. Warm water (100°F) Yes No
  - b. Hand soap (sanitizer is not a replacement) Yes No
  - c. Single use paper towels (recommended only) Yes No
- 8. During food preparation, packaging, or handling concurrent domestic activities will not occur:
  - a. Family meal preparation Yes No
  - b. Dishwashing Yes No
  - c. Clothes washing or ironing Yes No
  - d. Guest entertainment Yes No

9. During food preparation, packaging, or handling the home kitchen must not have:
- a. Infants Yes No
  - b. Small children Yes No
  - c. Pets Yes No
10. All food will be directly sold and not sold by a third party (etc. store, restaurant) Yes No
11. CFO uses well water and the water is potable Yes No N/A
12. Food will only be stored and prepared inside home and attached rooms (excluding garage and sleeping quarters) Yes No
13. CFO is only preparing food on approved list Yes No
14. CFO will properly label all products in 12- point type with the words “Made in a Home Kitchen” Yes No
15. A copy of the label has been submitted to this Department for review and approval Yes No
16. CFO will not have any rodents or insects in the storage or kitchen areas Yes No
17. Equipment and utensils used in CFO will be clean and in good repair Yes No
18. Equipment and utensils will be washed, rinsed and sanitized prior to use Yes No
19. Smoking will not occur in the home while preparation, packaging, or handling of food occurs Yes No
20. A list of the foods that will be prepared, baked, packaged, labeled and sold to consumers has been submitted to this Department? Yes No

By signing below you are certifying that you meet the requirements of the California Homemade Food Act, AB 1616 (Gatto) as it pertains to a “Class A” Cottage Food Operations.

Cottage Food Operator Checklist completed and submitted by:

\_\_\_\_\_ Date:\_\_\_\_\_

Signature Print Name

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

Name of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Address where food is being prepared: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_ Email: \_\_\_\_\_

**Categories:**

Class A (Direct Sales Only)

Class B ( Direct & Indirect Sales)

**Prohibited Items:**

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.

**Products:**

**(Please check the items you will be preparing and/or selling)**

Baked Goods

Dried Pasta

Honey

Popcorn

Candy

Dry Baking Mixes

Mustard

Vinegar

Churros

Fruit Butter

Tortillas

Waffle Cones

Dried Mole

Herb/Spice Blends

Pizzelles

Jams/Jellies/  
Preserves

Chocolate  
Covered Food

Fruit Tamales/Pies/  
Empanadas

Nuts/ Nut Mixes/  
Nut Butters

Dried Tea/  
Roasted Coffee

Dried Fruit/  
Vegetables

Granola/Cereals/  
Trail mix

Sweet Sorghum  
syrup

Other

Food descriptions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Product Labeling:**

The words “**Made in a Home Kitchen**” in 12-point type on the cottage food product’s primary display panel.

The name commonly used for the food product or an adequately descriptive name.

The name and address of the cottage food operation.

The registration or permit number of the “Class A” or “Class B” cottage food operation. In the case of a “Class B” cottage food operation, the name of the county of the local enforcement agency that issued the permit number.

The ingredients of the cottage food product in descending order of predominance by weight, if the product contains two or more ingredients.

**Example:**

**MADE IN A HOME KITCHEN**  
**Permit # 1234**  
**Chocolate Chip Cookies**  
Jane Smith  
123 Main St.  
Sunny CA, 12345

**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), soy lecithin, walnuts, sugar, eggs, salt, artificial vanilla extract, baking soda.

Contains: Wheat, eggs, milk, soy, walnuts  
Net Wt. 3 oz

**“Class A” Self Certification Checklist:**

Checklist completed (“Class A” CFOs Only)

**Water Source:**

(Please check what type of water source will be used in Cottage Food Facility)

City Water

Private Well

**Additional forms may be required if food is prepared from a home with a private well.**

**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 **Environmental Health Division** immediately.

**Food Processor Course:**

**Within 3 months** of being approved to operate by the Environmental Health Division, please provide proof of completion of the required California Department of Public Health (CDPH) food processor course. The website for CDPH is [www.cdph.ca.gov](http://www.cdph.ca.gov). Proof of completion may be faxed to our Division of Environmental Health at (510) 981-5305.

**Owner's Statement:**

I, \_\_\_\_\_, agree to grant access to the local health department to conduct an inspection of my cottage food operation's primary domestic residence in the event of a consumer complaint or reported food-borne illness.

Signature(s) of Owner(s), sign and print name(s):

\_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Highlighted portion can be changed as needed by each jurisdiction.**

**Your cancelled check is your receipt.**

\*\*\*\*\*

**OFFICE USE ONLY**

AMT REC'D: \_\_\_\_\_ REC'D BY #: \_\_\_\_\_ DATE REC'D" \_\_\_\_\_

DATE OF PAYMENT: \_\_\_\_\_ PAYMENT TYPE: (1) CASH \_\_\_\_\_

(2) CHECK \_\_\_\_\_ (3) CASH & CHECK: \_\_\_\_\_ CHECK#: \_\_\_\_\_

DATE OF CHECK: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

CIRCLE ONE OF THE FOLLOWING: 1)RENEWAL 2) NEW 3) CHANGE-OF-OWNERSHIP

OWNER # \_\_\_\_\_ FACILITY # \_\_\_\_\_ PROGRAM REC # \_\_\_\_\_

INVSCHED DOLB \_\_\_\_\_

**DATE APPROVED & BY**

**OFFICER:** \_\_\_\_\_