



**Application for Class B Cottage Food Permit  
 (Indirect Sales)**

[Annual Permit]

**Section #1: Type of Application** Check  the appropriate box(es)

- New Class B, Cottage Food Operation (CFO)
- Change the name of the business
- Change the legal name of the Permittee: (e.g., by incorporation, marriage, court proceedings)

**Section #2: Owner/Business Information** (Please print)

Owner last name: \_\_\_\_\_ First name: \_\_\_\_\_

Business name (DBA): \_\_\_\_\_

Business/Residence location: **Note: The CFO business must be the residence address.**

Street address: \_\_\_\_\_ Unit \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

PO Box address, if applicable: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section #3: Facility Information** (Please Print)

- Corporation
- Limited Liability Company (LLC)
- Sole Owner
- Partnership

Name of Corporation or Limited Liability Company: \_\_\_\_\_

What is the source of the water at this site?  Private  Public

What is the type of sewer system at this site?  Private on-site sewage disposal system (septic)  
 Public sewer system

**Section #4: Specific Program Information**

**Class "B" Cottage food operation (CFO) (PE 1685) Fee \$354**

Class "B" CFOs are only allowed to engage in "direct sale" and "indirect sale" of cottage food. "Indirect sale" means a transaction between a CFO, a third party retailer and a consumer, where the consumer purchases cottage food products made by the CFO from a third party retailer that holds a valid permit issued by the local environmental health agency in their jurisdiction. Indirect sales include, but are not limited to, sales made to retail food facilities where food may be immediately consumed on the premises.

**Note: A preopening inspection is required prior to application approval. Inspection appointments require advance notice of two full business days.**

<b><i>For Department Use Only</i></b>	
Owner ID:	<b>OW</b> _____
Facility ID:	<b>FA</b> _____
Program ID:	<b>PR</b> _____
Program Element:	<b>1685</b>
Billing Status:	<input type="checkbox"/> (01) Active <input type="checkbox"/> (04) Active-exempt
Permit Effective date:	_____
Reviewed by:	_____

**Section #5: Menu Certification**

The following page provides links and information on the types of food that are allowed in the Cottage Food Class B program. Please read the statements carefully and follow the links for State and local rules and guidance.

Indicate that you have reviewed all of the information provided by clicking each checkbox. Then, using the provided table, enter each type of food in your Cottage Food Operation.

- By checking this box, I agree that I have reviewed the list of [California Approved Cottage Foods](https://www.cdph.ca.gov/Programs/CEH/DFDCS/CDPH%20Document%20Library/FDB/FoodSafetyProgram/CottageFood/ApprovedCottageFoodsList.pdf) [https://www.cdph.ca.gov/Programs/CEH/DFDCS/CDPH%20Document%20Library/FDB/FoodSafetyProgram/CottageFood/ApprovedCottageFoodsList.pdf] and I understand that **ONLY** the foods noted in that list are eligible under Cottage Food Operations. Furthermore, I agree to prepare **only those foods** that I have listed below and that are approved by Environmental Health Services for preparation in my Cottage Food Operation.
- By checking this box, I certify that I have read the [Operational Guidelines](http://cosb.countyofsb.org/uploadedFiles/phd/EHS/Food_Program/CFO%20Safety%20Guidance.pdf) [http://cosb.countyofsb.org/uploadedFiles/phd/EHS/Food\_Program/CFO%20Safety%20Guidance.pdf] for a Cottage Food Operation.
- By checking this box, I confirm that I have reviewed the Cottage Food Operation [Frequently Asked Questions](http://cosb.countyofsb.org/uploadedFiles/phd/EHS/Food_Program/CFO%20FAQs.pdf) [http://cosb.countyofsb.org/uploadedFiles/phd/EHS/Food\_Program/CFO%20FAQs.pdf]
- By checking this box, I confirm that I have contacted the local zoning authority about my Cottage Food Operation and have obtained any necessary business permits.

**Instructions:** Please list each proposed item separately. For example, instead of "jam," **list each type** of jam being proposed (*strawberry jam, blueberry jam, raspberry jam*). If you have questions, please contact County of Santa Barbara Environmental Health Services for more information at 805-681-4900.

Proposed item(s) <i>Attach additional sheets as necessary</i>	Approved by EHS (Y/N) <i>(for office use only)</i>

**Section #6: Certifications**

**Are you eligible for a Veteran's Fee Exemption?** If yes, please attach an AFFIDAVIT FOR A VETERAN'S FEE EXEMPTION FOR THE HEALTH PERMIT TO OPERATE A FOOD BUSINESS and submit with an attached copy of Honorable Discharge or other evidence of honorable release from U.S. Armed Services (e.g., a copy of the DD 214). Fee Exemption form is available at Environmental Health Services offices and on the EHS website: <http://www.countyofsb.org/uploadedFiles/phd/EHS/veteransfeeexemption.pdf>

The undersigned hereby certifies that all the information provided on this application is true and accurate and agrees to notify Environmental Health Services of any changes which occur in the type of business activity, name, billing address, ownership or closure. Further, the undersigned agrees to obtain a valid **Food Handler Card** within 3 months of an approved Class B Cottage Food Operation application.

Signature must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

**Submission of an application is not a permit to operate** until additional steps are completed and authorization is given for a food facility to process and distribute food products, for example: Planning & Development departmental approval.

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Department Use Only**

**Fee paid \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_ **Receipt #** \_\_\_\_\_

By \_\_\_\_\_ **Comments:** \_\_\_\_\_

**ROUTE to (initial & date):**     Specialist \_\_\_\_\_     Supv \_\_\_\_\_     P&D \_\_\_\_\_

**Acct.:** Invoice # \_\_\_\_\_ Date \_\_\_\_\_ Amount Billed \$ \_\_\_\_\_ Initial: \_\_\_\_\_