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CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Boulevard, Suite 100
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www.cchealth.org/eh/

2023/2024 CFO Class A Registration/Class B Permit Renewal Application

It is time to renew your CFO Class A Registration, or Class B Permit for the permitting year of **March 1, 2023 through February 28, 2024**. **All active Registrations and Permits will expire February 28, 2023**. Renewal applications received after the due date will be assessed a \$150.00 late fee plus additional fees if review of changes exceed 15 minutes.

Please complete this Renewal Application and return with appropriate fees, payable to: Contra Costa Environmental Health **before February 28, 2023**. Forms and payment can be returned via e-mail, mail or in person. A penalty fee will be assessed for operating without a valid registration or permit after this date.

**Please note: Cannabis-infused edibles are not approved Cottage Food Products.*

Check one box to Renew or No Longer operate your existing CFO:

Class A Cottage Food Operation Annual Registration- Direct Sales Only

Renewal with NO CHANGES to products, name, address Renewal Fee \$109.00 **Due 2.28.2023**

Renewal WITH CHANGES (complete attached Request for Change Form) Renewal Fee \$109.00 **Due 2.28.2023**

More than 15 minutes of review of any changes will result in additional charges at the hourly rate of \$199.00.

Class B Cottage Food Operation Annual Permit – Direct & Indirect Sales

Renewal with NO CHANGES to products, name, address Renewal Fee \$348.00 **Due 2.28.2023**

Renewal WITH CHANGES (Complete attached Request for Change Form) Renewal Fee \$348.00 **Due 2.28.2023**

More than 15 minutes of review of any changes will result in additional charges at the hourly rate of \$199.00.

I will no longer operate my CFO after February 28, 2023

Operators may not add products or change from Class A to Class B until written approval from Contra Costa Environmental Health has been received acknowledging approved changes.

Owner Name: _____ **CFO Name:** _____

Owner Signature: _____ **Date:** _____ **PR/FA#:** _____

Phone #: _____ **Email Address:** _____

Send your CFO Renewal Correspondence/Questions to: CFO@cchealth.org

CA State CFO updates, visit: <http://www.cdph.ca.gov/programs/Pages/fdbCottageFood.aspx>

(If have not submitted a copy of your f current food handler certificate, please do so at this time. Thankyou.)

Office Use Only: Date Received: _____ Amount Paid: _____ Payment Type: _____ XR #: _____





REQUEST FOR CHANGE 2023/2024 CFO

Operators may not add products or change from Class A to Class B or Class B to Class A until a written approval from Contra Costa Health has been received, acknowledging approved changes.

Please check all that are applicable:

- Adding Products (***Attach Labels for each product, and return with this Request for Change**)

Fee may apply: More than 15 minutes of review of changes will result in additional charges at the hourly rate of \$199.00.

Address or Name change to: _____

(***Attach updated Labels, copy of DMV address change request or Utility Bill if moved, and New documentation from local city/county planning department showing address or name change**)

Fee may apply: More than 15 minutes of review of changes will result in additional charges at the hourly rate of \$199.00.

- Status from Class A to Class B (***Attach updated Registration/Permitting form with this Request for Change and Copies of Labels showing Class B Permit**)

Fee applies: \$348.00 (A home kitchen inspection is required for permit)

- Status from Class B to Class A (***Attach updated Labels showing Class A Registration**)

No Fee Applies

- Phone number or e-mail address change to: _____

No Fee Applies

I will no longer operate my CFO effective: _____

Class B Product Sales: If the Class B CFO engages in the indirect sales of Cottage Food products, please list the location(s) products are sold.

Facility/Business Name	Address

I certify that I am the CFO owner. I understand that fees are not prorated, are non-refundable, and non transferable. By signing below I am certifying that I meet the requirements of the California Health and Safety Code, chapters 415, 556, as it pertains to an Class A/B Cottage Food Operation. I acknowledge that I must notify Contra Costa Environmental Health Division of any changes to the above statement.

Owner signature: _____ Date: _____

CFO Business Name: _____ PR #: _____



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CREDIT CARD PAYMENTS

Payments can be made using Visa, Mastercard, and Discover

CHECK ONE: **BUSINESS CARD** **PERSONAL CARD**

If you checked BUSINESS CARD above, please include the NAME OF BUSINESS ON CARD:

NAME OF BUSINESS ON CARD:		
NAME ON CARD:		
PAYOR ADDRESS (if different from business address)		
CARD NUMBER	EXPIRATION DATE Month Year	
SECURITY CODE (CVV):	PHONE NUMBER: ()	AMOUNT PAID:
EMAIL ADDRESS:		
ACCOUNT RECEIVABLE# (AR #):	FACILITY NAME:	PROCESSED BY:

PAYMENT INFO RECEIVED:

- PHONE
- FAX
- E-MAIL
- WALK-IN
- MAILED IN

SIGNATURE OF CARDHOLDER:	DATE:
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