



Cottage Food Operation, Class B Permit Application Form

Department Use
Application Record ID: _____
Permit Record ID: _____

Home Kitchen Information

Cottage Home Kitchen Facility (must be physical address of the home kitchen)

Business Name/DBA: _____

Address: _____

Address 2: _____

Unit/Suite Number: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone Number: _____

Accounts Payable Information (All invoices will be mailed to this address)

First Name: _____ Middle (optional): _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone Number: _____

Check one, if applicable:

Corporation Limited Liability Company (LLC) Sole Owner Partnership Government Entity

Name of Corporation or LLC: _____

Home Kitchen Facility Owner Information

Last Name: _____

First Name: _____ Middle (optional): _____

Class B Cottage Food Operation (CFO) [P/E 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.

Are you eligible for a Veteran's fee exemption? Yes No

If yes, attach an [Affidavit For A Veteran's Fee Exemption For The Health Permit To Operate A Food Business*](#).

Menu Certification

Links to additional information regarding the types of food that are allowed in the Cottage Food Class B program are provided below. 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](#) and I understand that **ONLY** the foods noted in that list are eligible under Cottage Food Operations.
[<https://www.cdph.ca.gov/Programs/CEH/DFDCS/CDPH%20Document%20Library/FDB/FoodSafetyProgram/CottageFood/ApprovedCottageFoodsList.pdf>]

By checking this box, I confirm that the food(s) prepared in my cottage food home kitchen is on the California State-approved Cottage Foods List (linked above).

Enter the name of the County where the food is prepared: _____

By checking this box, I certify that I have read the [Operational Guidelines](#) for a Cottage Food Operation.
[<https://www.countyofsb.org/asset/d0208240-bd78-47bb-8609-0554156dbda5>]

By checking this box, I confirm that I have reviewed the Cottage Food Operation [Frequently Asked Questions](#) [<https://www.countyofsb.org/asset/ebcdc23f-0ab5-463d-8037-2ed36f2f4d06>]

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>

- What is the **Sewer** disposal system for the home kitchen?
 City Sewer System Onsite Wastewater Treatment (septic) Unknown
- What is the **Water** source for the home kitchen?
 Public Private Unknown

Section 6: Terms/Signature

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 #1 _____ Title: _____

Signature: _____ Date: _____

For Departmental Use Only							
	Amount Paid	Date	Cash	Check #	Credit Card #	Receipt #	Received by:
Permit Only			<input type="checkbox"/>				
Approvals	AOP: _____		Specialist: _____		Supervisor: _____		
Comments							