



CONTRA COSTA HEALTH

2120 Diamond Blvd. Suite 100 | Concord, CA 94520
Phone: 925-608-5500 | Fax: 925-608-5502
cchealth.org

2024/2025 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, 2024, through February 28, 2025**. **All active Registrations and Permits will expire February 29, 2024**. 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 the attached pages and return with your **current food handler card**, and appropriate fees, payable to: Contra Costa Health **before February 29, 2024**. 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 2.29.2024**
- Renewal WITH CHANGES (See Page 2- Request for Change) Renewal Fee \$109.00 **Due 2.29.2024**

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 2.29.2024**
- Renewal WITH CHANGES (See 2nd page for change request) Renewal Fee \$348.00 **Due 2.29.2024**

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 29, 2024

Operators may not add products or change from Class A to Class B until written approval from Contra Costa Health-Environmental Health Division 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>

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



REQUEST FOR CHANGE 2024/2025 CFO

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 – Environmental Health Division 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

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/BusinessName | Address |
|-----------------------|---------|
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I certify that I am the CFO owner. I understand that fees are not prorated, are non-refundable, and nontransferable. 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 a Class A/B Cottage Food Operation. I acknowledge that I must notify Contra Costa Health-EnvironmentalHealth Division of any changes to the above statement.

Owner Signature: _____ Date: _____

CFO Business Name: _____ PR #: _____



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Environmental Health Program
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www.cchealth.org/eh/

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: | |
| BILLING ADDRESS OF CARD (Include City/State/Zip): | |
| PHONE NUMBER: | EMAIL ADDRESS: |

(ONLY ONE EMAIL CAN BE USED TO SEND A RECEIPT)

Add last 4 digits in here

| | | | |
|----------------|--|------------|-------------|
| CREDIT CARD #: | | EXP. DATE: | AMOUNT DUE: |
|----------------|--|------------|-------------|

ELECTRONIC RECEIPT WILL BE SENT FROM COCOEH@CCHEALTH.ORG

PAYMENT INFO RECEIVED BY:

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

| | |
|--------------------------|-------|
| SIGNATURE OF CARDHOLDER: | DATE: |
|--------------------------|-------|

| OFFICE USE ONLY | | | |
|-----------------|------|------|---------------|
| AR#: | FA#: | XR#: | PROCESSED BY: |