



**CONTRA COSTA ENVIRONMENTAL HEALTH**

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[www.cchealth.org/eh](http://www.cchealth.org/eh)

**HEALTH PERMIT APPLICATION  
COTTAGE FOOD OPERATION (CFO)**

**CFO TYPE:**  Class A  Class B

**SECTION 1: Business Information**

BUSINESS NAME/DBA:	
BUSINESS/RESIDENTIAL ADDRESS:	CITY/STATE/ZIP CODE:
BUSINESS PHONE:	BUSINESS EMAIL:

**SECTION 2: Owner Information**

OWNER NAME:	
OWNERSHIP TYPE: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership/Limited Partnership (LP)/Limited Liability Partnership (LLP) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation	
OWNER MAILING ADDRESS: <input type="checkbox"/> Same as above	CITY/STATE/ZIP CODE: <input type="checkbox"/> Same as above
OWNER PHONE:	SEND OFFICIAL/BILLING CORRESPONDENCE TO: <input type="checkbox"/> Owner Mailing Address <input type="checkbox"/> Business/Residential Address <input type="checkbox"/> Other:

**SECTION 3: Required Attachments\*** \* For new applications and annual renewals with changes

<input type="checkbox"/> CFO Self-Certification Checklist	<input type="checkbox"/> Sample CFO Product Label	<input type="checkbox"/> <a href="#">Verification of Permit Fee Exemption Form</a> (if applicable)
<input type="checkbox"/> CFO Product Ingredients Form	<input type="checkbox"/> Payment (cash, check, or <a href="#">credit card</a> ) <b>Applications are not processed without payment</b>	

**SECTION 4: Terms/Signature**

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Contra Costa Environmental Health of any changes that occur including the type of business activity, name, business location, menu, equipment, billing address, ownership and/or closure.

The undersigned hereby applies for a Registration or Permit to Operate and agrees to operate in accordance with all applicable state and local laws, regulations, and such inspection procedures needed to ensure compliance. **The Registration or Permit to Operate expires at the end of February each year; a renewal application and current fee must be submitted and approved prior to continuing business as a CFO in Contra Costa County.** Failure to do so may result in a misdemeanor citation, infractions, registration or permit suspension/revocation proceedings, and/or closure.

**PERMITS ARE NOT TRANSFERABLE**

The undersigned understands that any information provided on this application is considered public record and subject to disclosure under the California Public Records Act. Signature(s) 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.

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 5: Demographic Information (OPTIONAL)

The following questions are asked to help improve the effectiveness of our services and ensure we address the needs of our regulated community. Answers are kept anonymous and are not associated with any identifiable information. Completion of this section is optional.

1. Which of the following gender categories best describes how you self-identify?  
 Woman     Man     Non-Binary     Prefer to describe: \_\_\_\_\_  
 Prefer not to disclose
2. Which category includes your age?  
 18 – 29     30 – 49     50 or older     Prefer not to disclose
3. What is your preferred language?  
 English     Spanish     Chinese     Tagalog     Vietnamese  
 Other (Please specify): \_\_\_\_\_  
 Prefer not to disclose
4. Which best describes your race/ethnicity? Check all that apply:  
 American Indian, Alaska native, or First Nations  
 Asian  
 Black or African-American  
 Hispanic or Latinx  
 Native Hawaiian or Pacific Islander  
 Middle Eastern or North African  
 White  
 Prefer to describe: \_\_\_\_\_  
 Prefer not to disclose
5. What is the highest level of school you have completed or the highest degree you have received?  
 Less than high school degree  
 High school degree or equivalent (e.g., GED)  
 Some college but no degree  
 Associate degree  
 Bachelor degree  
 Graduate degree (e.g., Masters, PhD, MD)  
 Prefer not to disclose
6. How much total combined money did all members of your household earn last year?  
 \$0 - \$49,999     \$50,000 - \$99,999     \$100,000 - \$149,999     \$150,000 or more     Prefer not to disclose