



COTTAGE FOOD OPERATION (CFO) APPLICATION

Community Development Department
Planning Division
1088 College Ave.
St. Helena, CA 94574
(707) 968-2659

PURPOSE:

This application is for residents who wish to operate a Cottage Food Operation (CFO) from their home within the City of St. Helena. A CFO is a small-scale food business allowed under the California Homemade Food Act, operated from a private home, producing only non-potentially hazardous foods on the State's approved list. Cottage Food Operations are regulated by SHMC 17.22.110.

Before submitting this application, you must obtain:

- Class A Registration (direct sales) or Class B Permit (direct and indirect sales) from Napa County Environmental Health.
- A City of St. Helena Business License.
- A Minor Use Permit if you will have more than one full-time equivalent employee or will conduct direct sales to customers on-site beyond occasional pickups.

Please refer to SHMC17.22.110 (D) for additional standards for expanded cottage food operations that require a Minor Use Permit.

APPLICANT INFORMATION

Full Name _____

Mailing Address _____

City _____

State _____ Zip _____

Physical Address of CFO (must be in St. Helena) _____

Phone _____ APN: _____

Email _____

PROPERTY OWNER INFORMATION

Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

CONSENT TO OPERATE CFO ON PROPERTY:

☐

I consent to the applicant operating a CFO at my property.

OWNER SIGNATURE:

X _____

Date: _____

OWNERSHIP DISCLOSURE:

If the applicant is a partnership, corporation, or other entity, list all partners, members, or shareholders owning 10% or more interest:

Name	Address	% Ownership

PROCESSING FEES:

☐ Cottage Food Operation \$200

COUNTY HEALTH APPROVAL

Please check one:

☐ Class A Registration

☐ Class B Registration

Napa County Environmental Health Registration/Permit #: _____

Approval Date: _____

Attach a copy of your County registration or permit.

BUSINESS DETAILS

Business Name (if applicable): _____

Type(s) of Foods Produced: (Must be on California Department of Public Health approved list)

Sales Type:

☐ Direct to consumers only

☐ Direct and indirect sales

Estimated Annual Gross Sales: (May not exceed State limits for your class) _____

Number of Employees (excluding household/family) (Maximum one full-time equivalent employee unless Minor Use Permit obtained):

OPERATIONS

(Note: Direct sales of products from site require approval of a Minor Use Permit and shall occur by prior appointment only)

Days and Hours for Customer Pick-Up: _____

Estimated Number of Customer Visits Per Day: _____

Will there be any on-site signage?

☐ Yes

☐ No

(If yes, describe and attach a drawing or photo. Note: On-site signage requires approval of a Minor Use Permit and Sign Permit)

DESCRIPTION OF OPERATION

Provide a brief written description of your operation, including production area, types of products, and sales methods:

COMPLIANCE STATEMENTS

- ☐ I have obtained and will maintain current Napa County Environmental Health approval for my CFO. The [cottage food operation](#) must be registered or permitted by the Napa County environmental health officer in accordance with Section [114365](#) of the California Health and Safety Code. [Cottage food operations](#) must comply with all [California Health and Safety Code](#) requirement
- ☐ The use shall be conducted within the [kitchen](#) of the subject [dwelling unit](#) except for attached rooms within the dwelling that are used exclusively for [storage](#) or bookkeeping. No greater than twenty-five percent (25%) of the dwelling may be used for the [cottage food operation](#), and it must not be conducted within an accessory [building](#).
- ☐ The use is carried on only by a [family](#) member or [household](#) member occupying the dwelling, with no other [person](#) employed.
- ☐ The [cottage food operation](#) must not invite customers to the residence and the operation must not transact business with customers at the residence.
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- ☐ There must be no change in the outside appearance of the [dwelling unit](#) or premises, or other visible evidence of the conduct of such [cottage food operation](#).
- ☐ Except for [vehicle](#) parking, no outdoor portions of the premises may be utilized for [cottage food operation](#).

☐ [Vehicles](#) displaying advertising or signs must be parked inside a [garage](#) at all times while at the premises.

☐ All products will be labeled as required by California Health & Safety Code.

☐ I will comply with all City zoning, business license, and nuisance regulations.

☐ No on-site dining, tastings, or seating will be provided.

☐ I will not exceed the State sales limits for my CFO class.

☐ I have obtained a Minor Use Permit if required by the SHMC.

Applicant Signature: _____ Date: _____

FOR CITY USE ONLY

Application #: _____

Date Received: _____

Fee Paid: ☐ YES **Receipt #:** _____

Zoning Clearance/ Home Occupation Permit #: _____

Business License #: _____

Minor Use Permit Required: ☐ YES ☐ NO

Planner Signature _____ **Date** _____

Conditions of Approval:
