

Food Processor Card Information: Name of Cardholder: _____ ID # _____

If not a current cardholder you must provide proof of a completed California Department of Public Health (CDPH) food processor course **within 3 months** of being approved to operate by the Environmental Health Department. **Initial if you agree to abide by the preceding:** _____

Please send correspondence to (check one) _____ Applicant _____ Property Owner _____ Representative/Contact

PROHIBITED ITEMS

Foods containing **cream, custard, or meat fillings** are **potentially hazardous** and are **NOT ALLOWED**. Only foods that are defined as “non-potentially hazardous” are approved for preparation by a Cottage Food Operation (CFO). These are food items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness. **Initial if you agree to abide by the preceding:** _____

**Any false or misleading information shall be grounds for denial
If Not Legal Owner, Notarized Authorization From Owner of Record Must Be Attached.**

PRODUCTS Please check ALL of the items you will be preparing and/or selling.

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Dried Pasta | <input type="checkbox"/> Honey | <input type="checkbox"/> Popcorn | <input type="checkbox"/> Candy |
| <input type="checkbox"/> Dry Baking Goods | <input type="checkbox"/> Mustard | <input type="checkbox"/> Vinegar | <input type="checkbox"/> Churros | <input type="checkbox"/> Waffle Cones |
| <input type="checkbox"/> Tortillas | <input type="checkbox"/> Fruit Butter** | <input type="checkbox"/> Dried Mole Paste | <input type="checkbox"/> Herb/Spice Blends | <input type="checkbox"/> Pizzelles |
| <input type="checkbox"/> Jams/Jellies** | <input type="checkbox"/> Trail Mix | <input type="checkbox"/> Dried Fruit | <input type="checkbox"/> Nut Butters | <input type="checkbox"/> Dried Tea |
| <input type="checkbox"/> Fruit Tamales/Pies | <input type="checkbox"/> Nuts/Nut Mixes | <input type="checkbox"/> Fruit Empanadas | <input type="checkbox"/> Roasted Coffee | <input type="checkbox"/> Granola/Cereal |
| <input type="checkbox"/> Chocolate Covered Nonperishable Food | <input type="checkbox"/> Sweet Sorghum Syrup | <input type="checkbox"/> Other: _____ | | |

**These items must comply with standards described in Part 150 of Title 21 of the Code of Federal Regulations <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=150>

FOOD DESCRIPTIONS

Wet Ink Signature _____ Print Name _____ Date _____

OFFICE USE ONLY

CASE NUMBER: CFO _____ RELATED CASE NUMBER: _____
FILING FEE: \$ _____ RECEIPT NUMBER: _____ CHECK NUMBER: _____
DATED SUBMITTED: _____ SUBMITTED TO: _____