



**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

1555 North 17<sup>th</sup> Avenue

Greeley, CO 80631

Web: [www.weldhealth.org](http://www.weldhealth.org)

Environmental Health Services (970)-304-6415

Fax (970)-304-6411

**Event name should be filled out (example Greeley Stampede). The Name of the booth can be the 4-H Club/Weld County Citizenship Washington Focus group name. The Legal owners name and other contact information should be the Weld County CWF Group Contact or Organizational Leader At the top of the page, please put the name and contact phone number of the person that will be in charge and at the event if it is different from below.**

All equipment of \_\_\_\_\_ and no \_\_\_\_\_ each a copy \_\_\_\_\_ licensed.

Event name: \_\_\_\_\_ Date(s): \_\_\_\_\_

**Please complete the following information:**

Temporary Retail Food Establishment Name		Legal Owner's Name
Establishment Address(Street Address and P.O. Box)		
City	State	Zip Code
Telephone Number (Home) ( )	Fax #	
Contact Name	Cell #	
Which county issued your license? <b>N/A- We don't issue licenses to non-profits</b>	E-mail	

**\*All Almost always 4-H/Weld County Citizenship Washington Focus groups are going to be non-profit, just check that box below** S\*

Are \_\_\_\_\_  
 Unlicensed \_\_\_\_\_ (Contact Health Department at 970-304-6415) Non-profit (provide documentation) \_\_\_\_\_  
 Licensed Temporary Event (provide copy) \_\_\_\_\_ Licensed Mobile Unit (provide copy) \_\_\_\_\_

**Hours of operation of the temporary food booth for this event:**

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_  
 Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_  
 How many people do you anticipate serving each day of the event? \_\_\_\_\_

**Please list any additional events and dates that you plan on participating in Weld County**

Event name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE**

Licensed \_\_\_\_\_ APPROVED  
 Needs a license \_\_\_\_\_ Yes \_\_\_\_\_  
 Non-profit \_\_\_\_\_ No \_\_\_\_\_  
 EH Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

**I. MENU** (Please attach additional sheet, as necessary)

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.) Be sure to include items such as toppings and condiments.

Food and Drink Items	Location where obtained
Example: Hamburgers	Grocery Store A
Example: Onions	Chain Store B
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
<b>This page should be completed. Be as specific as you can, as it helps us to know what we should expect to see out on site.</b>	
12.	
13.	
14.	

**II. HANDWASHING AND FOOD HANDLING**

A hand-washing station WITHIN each booth or unit is REQUIRED unless only prepackaged foods requiring no preparation and / or cooking are to be served. Please check the space below that applies to your booth / unit.

- I will be serving only prepackaged foods that require no preparation, handling, and/or cooking.
- I will be serving foods that require preparation, handling, and/or cooking and will provide the following for hand-washing:
  - 1.) a minimum of 2 gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot
  - 2.) soap
  - 3.) paper towels
  - 4.) 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed

*NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.*

**How will you prevent bare hand contact with ready to eat foods (at both the commissary and in the booth)?**

- Tongs
- Food-grade disposable gloves (**Note: if gloves are changed hands must be washed**)
- Deli tissues
- Other (list) \_\_\_\_\_

**Bare hand contact concerns food that is open (ie you grab it with your hands- think hot dog bun) and that isn't going to be cooked anymore. Any of the above options are fine, or any combination of the above options are fine, but even if gloves are provided, hand washing always goes along with gloves. So if there is going to be open food, then hand washing must be provided.**

### III. FOOD PREPARATION AT COMMISSARY

#### Preparation at Approved Facility or Commissary Before Event

Check which preparation procedure each menu item requires.

Food	Thaw	Cut/ Wash Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
Example: Hamburgers	X					X	
Example: Onions		X				X	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

**Page 3 and 4 should be completed, unless you are going to purchase cold food items on your way to the event. If that is the case please write that next to: "Cold Holding- Will foods be cold held at the commissary?" highlighted in yellow below. Otherwise, please fill this section out. Most likely the commissary in this case will be your house. We just want to know what is going to happen to the food prior to you bringing it to the event site.**

What is the name and location of your commissary? (Complete Commissary Agreement on page 7)

Name: \_\_\_\_\_

Contact Person and Phone Number: \_\_\_\_\_

#### Produce

How will produce be prepared prior to use? (mark all that apply)

- Wash produce in food preparation sink
- Buy product pre-washed
- Buy product pre-washed and pre-cut
- Other (specify) \_\_\_\_\_
- Not Applicable

**Thawing- Will foods need to be thawed at the commissary? Y / N If yes, answer question below.**

How will frozen foods be thawed? (mark all that apply)

- Under refrigeration
- Under cool running water
- As part of the cooking process
- Other (specify) \_\_\_\_\_
- Not Applicable

**Cold Holding – Will foods be cold held at the commissary? Y / N**

**If yes, answer question below.**

How will foods be held at 41°F or below? (mark all that apply)

- Walk-in cooler or freezer
- Reach-in cooler or freezer
- In cooler with ice immediately be transport to site
- Other (specify) \_\_\_\_\_

**Hot Holding – Will foods be hot held at the commissary? Y / N**

**If yes, answer question below.**

How will foods be held at 135 degrees or above? (mark all that apply)

- Steam table
- Reach-in hot box
- Oven
- Other (specify) \_\_\_\_\_
- Grill

**Cooling – Will foods be cooled at the commissary? Y / N**

**If yes, answer question below.**

How will foods be rapidly cooled to 41°F or below? (mark all that apply)

- Shallow pans (less than 4”) in refrigerator or cooler
- Using an ice-bath to cool the food product
- Ice paddle or wand
- Other (specify) \_\_\_\_\_

**Reheating-- Will foods be reheated at the commissary? Y / N**

**If yes, answer question below.**

How will foods be re-heated to at least 165 degrees F? (mark all that apply)

- Microwave
- Grill
- Oven
- Other (specify) \_\_\_\_\_
- Hot Plate

**Transport**

Please provide the distance that you will be transporting food to the event? \_\_\_\_\_

What equipment will you use to control temperatures during transport?

- Coolers with ice
- Cambros for cold foods
- Cambros for hot foods
- Other (specify) \_\_\_\_\_

**We prefer that cooling and reheating aren't done in the home environment mainly due to the capability of the refrigerator/freezer at home. If at all possible, it would be better to cook something at home, keep at 135 degrees or hotter, and then bring hot to the event site.**

**IV. Food Handling at the Booth/Event**

List all menu items, including beverages, to be served from the temporary food booth. Check which food handling procedure each menu item requires at the booth.

Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble
Example: Hamburger	X		X	X	X
Example: Onion	X				X
1.					
2.					
3.	<b>Pages 5 and 6 should be completed. We want to know what is happening out on site.</b>				
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Cooking and Hot Holding of Food Items**

- How will these foods be cooked at the site? (mark all that apply)
  - Grill
  - Deep fat fryer
  - Other (specify) \_\_\_\_\_
  - Hot plate
  - Oven
  - Not Applicable
  - Microwave
  
- How will hot foods be held at 135°F or above at the event? (mark all that apply)  
**(Sterno burners are prohibited)**
  - Hot holding unit
  - Held under heat lamps
  - Crock-pot
  - Other (specify) \_\_\_\_\_
  - Steam table
  - Served immediately after cooking
  - Held on grill until served
  - Not Applicable
  
- What utensils will you use to dispense or serve the hot items?
  - Tongs
  - Spatula
  - Ladle
  - Other (specify) \_\_\_\_\_
  - Not Applicable

**Cold Food Items**

- How will cold foods be held at 41°F or below at the event? (mark all that apply)
  - Refrigerator / freezer
  - Ice chest - *must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.*
  - Other (specify) \_\_\_\_\_
  - Not Applicable
  
- What utensils will you use to dispense or serve the cold items?
  - Tongs
  - Spatula
  - Ladle
  - Other (specify) \_\_\_\_\_
  - Not Applicable
  
- What kind of food thermometer (0-220°F) do you have?
  - Metal stem probe
  - Thermocouple
  - Digital

## V. Cleaning and Related

What type of Sanitizer will you use at the booth?

- Bleach at 50-200 ppm
- Quaternary Ammonia at 200-400 ppm
- Other: \_\_\_\_\_

**Note: Test strips for sanitizer in use must be provided and be on-site**

Where will utensil washing take place?

- Commissary 3 compartment sink
- Commercial 3-compartment sink unit (part of mobile unit)
- Commissary dish machine

What type of Sanitizer will you use in the 3 compartment sink?

- Bleach
- Quaternary Ammonia
- Other
- Not Applicable- using dish machine

Where will wastewater from hand washing and cleaning be disposed of?

- Commissary
- Approved on-site receptacle at event
- Other \_\_\_\_\_

*Waste water CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from event coordinator where this is located for each event.*

What is your booth plan for flying insects and dust control, if applicable?

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## BOOTH LAYOUT AND MAP

Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment.

The map shall include the following:

- Cooking equipment
- Hand Washing facilities
- Food and Single Service storage
- Customer Service area
- Hot and Cold Holding equipment
- Work surfaces
- Garbage containers
- 

**Summary Paragraph:** Write a paragraph or two about how your operation works.

**Please complete the paragraph section. Sometimes it is easier for you the booth coordinator and us the inspectors to figure out your process when we have it written out in conjunction with the completed paperwork. Doesn't have to be involved, again just looking for a good understanding of what it is that you will be doing for this particular event.**

# COMMISSARY AGREEMENT

**This page does not need to be completed.**

\_\_\_\_\_ Date

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Owner/Operator) (Establishment Name)

located at \_\_\_\_\_  
(Address of Establishment)

do hereby give my permission to \_\_\_\_\_  
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

- |   |                           |
|---|---------------------------|
| _____ Preparation of foods such as vegetables or fruits,<br>cutting meats, cooking, cooling, reheating. | _____ Ware washing        |
| _____ Storage of foods, single service items, and cleaning agents                                       | _____ Filling water tanks |
| _____ Service and cleaning of the equipment   | _____ Dumping waste water |
|   | _____ Other (list below)  |

Commissary Water Supply?                      Municipal \_\_\_\_\_      Well \_\_\_\_\_

Commissary Sanitary Sewer Service?                      Municipal \_\_\_\_\_      Septic \_\_\_\_\_

Indicate the equipment available at the commissary for the proposed uses:

Hand sink \_\_\_\_\_      Prep Sink \_\_\_\_\_      Mop sink \_\_\_\_\_      Three bay sink \_\_\_\_\_

Dish machine \_\_\_\_\_      Refrigeration \_\_\_\_\_      Cooling equipment \_\_\_\_\_      Dry Storage \_\_\_\_\_

Other \_\_\_\_\_

**I am a self contained mobile unit and do not require use of a commissary \_\_\_\_\_**

\_\_\_\_\_  
Owner/Operator of Commissary

\_\_\_\_\_  
Phone Number

**This Commissary Agreement is valid for this calendar year only.**

All licenses,  
Public Health  
you are *not*  
copy of an a

**This page does not need to be completed.**

y the Weld County Department of  
uirement does *not* apply to you if  
avit and providing a **notarized**

- A valid Colorado driver’s license or a Colorado identification card;
- A United States military card or a military dependent’s identification card;
- A United States Coast Guard Merchant Mariner card;
- A Native American Tribal Document,

In addition to the above listed forms of identification, the following will be allowed.

- A certificate verifying *naturalized* status issued by an authorized agency of the United States bearing applicant’s intact photograph impressed with the raised embossed seal of the issuing agency;
- A certificate verifying United States *citizenship* issued by an authorized agency of the United States bearing applicant’s intact photograph impressed with the raised embossed seal of the issuing agency, or;
- Other approved State’s driver’s license or identification card. Not all states verify lawful presence prior to issuing license. Therefore, only those States listed below are deemed acceptable.<sup>1</sup>

<sup>1</sup> Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wyoming;

## AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Firm’s Legal Name: \_\_\_\_\_

Firm’s Site Address: \_\_\_\_\_  
Street Unit City Zip