



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

1555 North 17th Avenue

Greeley, CO 80631

Web: www.weldhealth.org

Environmental Health Services (970)-304-6415

Fax (970)-304-6411

VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete and submit to Event Coordinator for each event in **Weld County**. If no menu and no equipment change is occurring from one event to another, the completed original may be copied. Please attach a copy of your current temporary event or mobile unit Colorado Retail Food Establishment License, if already licensed.

Event Name: _____ Date(s): _____

Please complete the following information:

Location of Event (address):		Hours of Event:	
Temporary Retail Food Establishment Name:			
Which county issued your license:			
Contact Name:		Email:	
Telephone Number (Prior to Event): ()		Cell Number (During Event): ()	
Mailing Address:		City:	State: Zip:

All vendors shall have the original Colorado Retail Food Establishment license on premise at all times

All vendors must provide documentation of licensure or non-profit status

Type of Vendor:	Check appropriate box	I have attached copy of documentation
Licensed Temporary Event Vendor	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Mobile Unit	<input type="checkbox"/>	<input type="checkbox"/>
Non-Profit (provide documentation)	<input type="checkbox"/>	<input type="checkbox"/>

If you don't hold a Temporary Event or Mobile Retail Food Establishment License please contact the Health Department at 970-304-6415.

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

Event name _____ Date _____ Location _____

FOR HEALTH DEPARTMENT USE

Licensed _____

Needs a license _____

Non-profit _____

EH Specialist Signature _____ Date _____

APPROVED

Yes _____

No _____

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.	
10.	
11.	
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) _____

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.							

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

Name of Commissary: _____

Address of Commissary: _____

City/State/Zip of Commissary: _____

Produce

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

- Wash produce in food preparation sink Not Applicable
- Buy product pre-washed and cut at commissary
- Buy product pre-washed and pre-cut
- Other (specify) _____

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

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) _____

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?

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.

COMMISSARY AGREEMENT

_____ 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, 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, certifications, and registrations issued to **individual owners or sole proprietors** by the Weld County Department of Public Health and Environment must be accompanied by verification of citizenship. This requirement does **not** apply to you if you are **not** an individual owner or sole proprietor. Verification includes completing the affidavit and providing a **notarized** copy of an approved identification. Approved identification includes:

- 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.¹

¹ 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

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION FOR CALENDAR YEAR

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained. The state may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollectible funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Mail remittance and application to:

Health Department Approval

Type of Ownership

- Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification.)
 General Partnership Limited Partnership Limited Liability Company Limited Liability Partnership Limited Liability Limited Partnership
 Corporation "S" Corporation Association Estate Government
 Joint Venture Trust Non-Profit 501(c)(3) [Please enclose copy of IRS letter of exemption] Other Non-profit

Certificate/License to be issued in the name(s) of *(full legal name of corporation; individual owner or name of first partner)*

(names of second and additional partners or corporation officers)

Trade Name (DBA)

FEIN Number/Social Security Number

Business Located at *(street or rural route, city, state, and ZIP code)*

County in which business is actually located

Phone Number

Mailing Address *(if different from location above; include street, city, state, and ZIP code)*

Date you started the business

- If seasonal, mark each business month
- JAN MAR MAY JULY SEPT NOV
 FEB APR JUNE AUG OCT DEC
- Seasonal Date of Operation: Begin Date ____ / ____ End Date ____ / ____
 Month Day Month Day

Are you liable for reporting state sales tax? Yes No Liquor? Yes No Gaming? Yes No

Colorado Sales Tax Account Number (required)

Name and address of previous owner

In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment or local board of health. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Signature

Title

Date

Colorado Sales Tax Account Number (required)

Name and address of current owner

Calendar Year

For Health Department Use Only

- | | |
|---|---|
| <p><input type="checkbox"/> No fee License (School, Charitable, Other) .. (3273 750)..... \$0</p> <p><input type="checkbox"/> Mobile Unit (3289 750).....\$255.00</p> <p><input type="checkbox"/> Mobile Unit (Prepackaged Food) (3292 750)....\$115.00</p> <p><input type="checkbox"/> Temporary/Special Event Establishment..... (3291 750)....\$255.00</p> <p><input type="checkbox"/> Temporary/Special Event(Prepackaged Food) (3293 750)....\$115.00</p> <p><input type="checkbox"/> Restaurant 0-100 Seats (3274 750)....\$255.00</p> <p><input type="checkbox"/> Restaurant 101-200 Seats (3275 750)....\$285.00</p> <p><input type="checkbox"/> Restaurant Over 200 Seats (3276 750).... \$310.00</p> <p><input type="checkbox"/> Grocery Store 0-3,500 Sq Ft (3277 750)....\$115.00</p> <p><input type="checkbox"/> Grocery Store 3,501- 15,000 Sq Ft (3278 750)\$180.00</p> <p><input type="checkbox"/> Grocery Store 15,001-25,000 Sq Ft (3279 750)....\$200.00</p> <p><input type="checkbox"/> Grocery Store 25,001-45,000 Sq Ft (3280 750)....\$235.00</p> <p><input type="checkbox"/> Grocery Store 45,001-65,000 Sq Ft (3281 750)....\$290.00</p> <p><input type="checkbox"/> Grocery Store 65,001-85,000 Sq Ft (3282 750)....\$415.00</p> | <p><input type="checkbox"/> Grocery Store Over 85,000 Sq Ft (3294 750)..... \$500.00</p> <p><input type="checkbox"/> Grocery w/Deli 0-3,500 Sq Ft (3283 750)..... \$207.00</p> <p><input type="checkbox"/> Grocery w/Deli 3,501-15,000 Sq Ft (3284 750)..... \$338.00</p> <p><input type="checkbox"/> Grocery w/Deli 15,001-25,000 Sq Ft (3285 750)..... \$360.00</p> <p><input type="checkbox"/> Grocery w/Deli 25,001-45,000 Sq Ft (3286 750)..... \$395.00</p> <p><input type="checkbox"/> Grocery w/Deli 45,001- 65,000 Sq Ft (3287 750)..... \$450.00</p> <p><input type="checkbox"/> Grocery w/Deli 65,001- 85,000 Sq Ft (3288 750)..... \$575.00</p> <p><input type="checkbox"/> Grocery w/Deli Over 85,000 Sq Ft (3295 750)..... \$690.00</p> <p><input type="checkbox"/> Oil & Gas Temp. 0-50 (Initial License) (3296 750)..... \$750.00</p> <p><input type="checkbox"/> Oil & Gas Temp. Over 50 (Initial License) (3298 750).. \$1,250.00</p> <p><input type="checkbox"/> Oil & Gas Temp. 0-50 (Renewal)..... (3297 750).....\$275.00</p> <p><input type="checkbox"/> Oil & Gas Temp. Over 50 (Renewal)..... (3299 750)..... \$500.00</p> |
|---|---|

(999)

\$.00