



**DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT**

1555 N. 17<sup>th</sup> Avenue

Greeley, CO 80631

WEBSITE: [www.co.weld.co.us](http://www.co.weld.co.us)

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:**

Temporary Retail Food Establishment Name		Legal Owner's Name
Establishment Address(Street Address and P.O. Box)		
City	State	Zip Code
Telephone Number ( )	Fax #	
Contact Name	Contact #	
Which county issued your license?	E-mail	

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

**Are you:**

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.	
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.

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

**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
  Not Applicable  
 Buy product pre-washed  
 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) \_\_\_\_\_

#### **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.

<b>Food</b>	<b>Cold Holding</b>	<b>Reheat</b>	<b>Cook/ Grill</b>	<b>Hot Holding</b>	<b>Assemble</b>
<b>Example: Hamburger</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Example: Onion</b>	<b>X</b>				<b>X</b>
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					
<b>5.</b>					
<b>6.</b>					
<b>7.</b>					
<b>8.</b>					
<b>9.</b>					
<b>10.</b>					

#### **Cooking and Hot Holding of Food Items**

1. How will these foods be cooked at the site? (mark all that apply)

- Grill
  Hot plate
  Not Applicable  
 Deep fat fryer
  Oven
  Microwave  
 Other (specify) \_\_\_\_\_

2. 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
  Steam table
  Not Applicable  
 Held under heat lamps
  Served immediately after cooking  
 Crock-pot
  Held on grill until served  
 Other (specify) \_\_\_\_\_

3. What utensils will you use to dispense or serve the hot items?

- Tongs
  Ladle
  Not Applicable  
 Spatula
  Other (specify) \_\_\_\_\_

#### **Cold Food Items**

1. How will cold foods be held at 41°F or below at the event? (mark all that apply)

- Refrigerator / freezer
  Not Applicable  
 Ice chest - *must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.*  
 Other (specify) \_\_\_\_\_

2. What utensils will you use to dispense or serve the cold items?

- Tongs
  Ladle
  Not Applicable  
 Spatula
  Other (specify) \_\_\_\_\_

3. 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.

# 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.<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



## 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) .. <b>(3273 750)</b>..... \$0</p> <p><input type="checkbox"/> Mobile Unit ..... <b>(3289 750)</b>.....\$255.00</p> <p><input type="checkbox"/> Mobile Unit (Prepackaged Food) <b>(3292 750)</b>....\$115.00</p> <p><input type="checkbox"/> Temporary/Special Event Establishment..... <b>(3291 750)</b>....\$255.00</p> <p><input type="checkbox"/> Temporary/Special Event(Prepackaged Food) <b>(3293 750)</b>....\$115.00</p> <p><input type="checkbox"/> Restaurant 0-100 Seats ..... <b>(3274 750)</b>....\$255.00</p> <p><input type="checkbox"/> Restaurant 101-200 Seats ..... <b>(3275 750)</b>....\$285.00</p> <p><input type="checkbox"/> Restaurant Over 200 Seats ..... <b>(3276 750)</b>.... \$310.00</p> <p><input type="checkbox"/> Grocery Store 0-3,500 Sq Ft ..... <b>(3277 750)</b>....\$115.00</p> <p><input type="checkbox"/> Grocery Store 3,501- 15,000 Sq Ft ..... <b>(3278 750)</b> ....\$180.00</p> <p><input type="checkbox"/> Grocery Store 15,001-25,000 Sq Ft ..... <b>(3279 750)</b>....\$200.00</p> <p><input type="checkbox"/> Grocery Store 25,001-45,000 Sq Ft ..... <b>(3280 750)</b>....\$235.00</p> <p><input type="checkbox"/> Grocery Store 45,001-65,000 Sq Ft ..... <b>(3281 750)</b>....\$290.00</p> <p><input type="checkbox"/> Grocery Store 65,001-85,000 Sq Ft ..... <b>(3282 750)</b>....\$415.00</p> | <p><input type="checkbox"/> Grocery Store Over 85,000 Sq Ft ..... <b>(3294 750)</b>..... \$500.00</p> <p><input type="checkbox"/> Grocery w/Deli 0-3,500 Sq Ft ..... <b>(3283 750)</b>..... \$207.00</p> <p><input type="checkbox"/> Grocery w/Deli 3,501-15,000 Sq Ft ..... <b>(3284 750)</b>..... \$338.00</p> <p><input type="checkbox"/> Grocery w/Deli 15,001-25,000 Sq Ft ..... <b>(3285 750)</b>..... \$360.00</p> <p><input type="checkbox"/> Grocery w/Deli 25,001-45,000 Sq Ft ..... <b>(3286 750)</b>..... \$395.00</p> <p><input type="checkbox"/> Grocery w/Deli 45,001- 65,000 Sq Ft ..... <b>(3287 750)</b>..... \$450.00</p> <p><input type="checkbox"/> Grocery w/Deli 65,001- 85,000 Sq Ft ..... <b>(3288 750)</b>..... \$575.00</p> <p><input type="checkbox"/> Grocery w/Deli Over 85,000 Sq Ft ..... <b>(3295 750)</b>..... \$690.00</p> <p><input type="checkbox"/> Oil &amp; Gas Temp. 0-50 (Initial License) .... <b>(3296 750)</b>..... \$750.00</p> <p><input type="checkbox"/> Oil &amp; Gas Temp. Over 50 (Initial License) <b>(3298 750)</b>.. \$1,250.00</p> <p><input type="checkbox"/> Oil &amp; Gas Temp. 0-50 (Renewal)..... <b>(3297 750)</b>.....\$275.00</p> <p><input type="checkbox"/> Oil &amp; Gas Temp. Over 50 (Renewal)..... <b>(3299 750)</b>..... \$500.00</p> |
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