



Regional Environmental Health Program
Alamosa County Public Health Department
8900-B Independence Way
Alamosa, Colorado 81101
Phone: (719) 587-5206 Fax: (719)-589-1103

APPLICATION FOR A SPECIAL EVENT RETAIL FOOD LICENSE

OWNER INFORMATION

1. Owner(s) Name: _____
2. Corporation Name (as it appears on Sales Tax License): _____
3. Owner Address: _____ City _____ State ____ Zip _____
4. Home Phone No. _____ Work Phone No. _____
5. Owner Mailing Address: _____ City _____ State ____ Zip _____
6. Owner Email Address: _____

ESTABLISHMENT INFORMATION

1. Temporary Event Booth Name _____
2. Phone Number: _____ Manager/Contact Person _____
3. State Sales Tax Number: _____

4. **Water Supply at Commissary (check**

- one)** Community / Public Name of District _____
 Non-Community / Private PWSID # _____
 Well Depth _____

5. **Sewage Disposal at Commissary (check one)**

- Municipal / Public Name of District _____
 Individual Sewage Disposal System Permit # _____

6. Choose type of temporary event license:

_____ Single Event Temporary Event License - \$45 Per day
Name of Event: _____

_____ Multiple Event Temporary Event License - \$45 Per day

Please provide list of planned events _____

Owner/Operator Signature & Title _____ 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
- 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-

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: _____

Contact Person and Phone Number: _____

Produce

How will produce be prepared prior to use? (Produce may not be chopped, sliced, or otherwise prepared at the event)

- 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 kept cold 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 kept hot 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.

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

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
- 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.

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,
- 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: _____



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Retail Food Special Event Vendor Application

PLEASE SUBMIT SIGNED APPLICATION AND REQUIRED DOCUMENTATION TO EVENT COORDINATORS

Name of Event:	
Date of Event:	
Name of booth:	
Name of owner:	
Phone number of owner:	
Email for owner:	
Mailing address for owner:	
MOBILE ONLY: County where licensed:	
Main menu items (hamburgers, tacos, baked goods):	

Check one of the following options and include all required documentation with this form

Mobile Units licensed by Alamosa County

- Submit this form

Mobile Units licensed by another county:

- Submit this form
- Attach a copy of your license
- Attach a signed commissary agreement

Non-profits:

- Submit this form
- Attach documentation of non-profit status

Temporary Events:

- Submit this form
- Temporary Event Vendors must be licensed by Alamosa County. A single-event license may be purchased for \$45 per day. Please complete application and submit payment to ACPHD 30 days prior to the event.

By signing this form, you understand and agree to abide by the Colorado Retail Food Establishment Rules and Regulations and the guidance attached. If you have questions about the requirements/ limitations of temp event vendors, contact the Alamosa County

Public Health Department, Regional Environmental Health, Program Manager at (719)587-5206.

Please note: Failure to provide adequate handwashing or temperature control may result in immediate closure.

Print name

Signature of owner/operator

Date



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ENVIRONMENTAL HEALTH SERVICE REQUEST FORM

Owner Name: _____ **Date:** _____

Owner Address: _____

Establishment/Business Name: _____

Establishment/Business Address: _____

Phone: _____ **Fax:** _____ **Email Address:** _____

Retail Food Safety				
	Food Handler Training	\$20.00 per attendee	#	
	Review of Potential Retail Food Establishment	\$100.00 (non-refundable)		
	Pre Operational/Change in Ownership Inspection	\$100.00 (non-refundable)		
	RFE Application Fee	\$150.00 (non-refundable)		
	RFE Plan Review and Pre Opening Inspection	\$75.00/hour not to exceed \$580.00	To be calculated	
	RFE Equipment/Product Review Application	\$150.00 (non-refundable)		
	RFE Equipment/Product Review	\$75.00/hour not to exceed \$500.00	To be calculated	
	RFE HACCP Plan Review (Written)	\$75.00/hour not to exceed \$100.00	To be calculated	
	RFE HACCP Plan Review (Operational)	\$75.00/hour not to exceed \$400.00	To be calculated	
	RFE Other Services Requested	\$75 per hour	To be calculated	
	RFE Temp Event Plan Review and Inspection	\$75 per hour	To be calculated	
Child Care/ Schools				
	Child Care Inspection Fee	\$75.00		
	Childcare Plan Review	\$75.00		
	Childcare Pre Opening Inspection	\$75.00 per hour	To be calculated	
	School Plan Review	\$75.00		
	School Opening Inspection	\$75.00 per hour	To be calculated	
	Childcare/ Schools Other Services Requested	\$75.00 per hour	To be calculated	
Water Recreation				
	Pool/ Spa Inspection	\$80 + \$40 per additional body of water		
	Pool/ Spa Follow up	\$75.00 per hour	To be calculated	
	Pool/ Spa Plan Review	\$100.00		
	Pool/ Spa Pre Opening Inspection	\$75.00 per hour	To be calculated	
	Pool/Spa Other Services Requested	\$75.00 per hour	To be calculated	
Body Art				
	Body Art Yearly Inspection	\$75.00		
	Body Art Follow up	\$75.00 per hour	To be calculated	
	Body Art Plan Review	\$75.00		
	Body Art Pre Opening Inspection	\$75.00 per hour	To be calculated	
	Body Art Other Services Requested	\$75.00 per hour	To be calculated	
			Total Fees	\$

Signature _____

Date _____





FOR COUNTY USE ONLY	
Date Received:	_____
Check #:	_____
Amount:	_____

Retail Food Establishment License Application

Incomplete applications, or applications without payment (if required), will not be processed.

Ownership type:				
<input type="checkbox"/> Individual (must complete affidavit of residency) <input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.) <input type="checkbox"/> Non-profit (includes government)** <input type="checkbox"/> Other				
Full legal name of owner, corporation, or non-profit:				
Trade name (DBA):			Contact name (on site):	
Email:			Business phone number (on site):	
Physical address of business:			City:	State:
			Zip:	
County where business is located:		Owner Primary phone number:		Owner Secondary phone number:
Mailing address (if different from above):			City:	State:
			Zip:	
Date you started the business:		Please indicate the months, days, and hours you are operating:		
<input type="checkbox"/> Seasonal Operation <input type="checkbox"/> Year-round Operation				
In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.				
Signature:		Title:		Date:

Check the appropriate license type from the list below. This is your license fee.

License Type	Code	Fee
<input type="checkbox"/> Restaurant (0-100 seats)**	3000	\$385.00
<input type="checkbox"/> Restaurant (101-200 seats)**	3100	\$430.00
<input type="checkbox"/> Restaurant (>200 seats)**	3200	\$465.00
<input type="checkbox"/> Limited Food Service**	2000	\$270.00
<input type="checkbox"/> Mobile Unit (limited/prepackaged TCS)**	6200	\$270.00
<input type="checkbox"/> Mobile Unit (full food service)**	6300	\$385.00
<input type="checkbox"/> Grocery Store (0-15,000 sq ft)**	4000	\$195.00
<input type="checkbox"/> Grocery Store (>15,000 sq ft)**	4150	\$353.00
<input type="checkbox"/> Grocery Store w/ Deli (0-15,000 sq ft)**	5000	\$375.00
<input type="checkbox"/> Grocery Store w/ Deli (>15,000 sq ft)**	5150	\$715.00
<input type="checkbox"/> Special Event**	8000	Set locally

Total Due: \$

**To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.

Retail Food Special Event Check List

THIS IS FOR YOUR USE, DO NOT TURN IN TO THE EVENT COORDINATOR!

Before the Event:

- Approved Commissary?
- Vendor License?
- Have you prepared everything you need for the event (slicing, chopping, peeling, dicing)?
- Is food stored in food grade containers?
- All equipment and utensils are clean and sanitized?
- Extra equipment/utensils have been packed?
- Do you have soap, paper towels, a dispenser (such as coffee urn) for clean water and a 5 gallon-catch bucket for grey water (hand washing station)?
- Trash receptacles?
- Did you pack gloves, tongs, deli tissue?
- Do you have your sanitizer bucket or bottle labeled and mixed correctly?
- Do you have sanitizer test strips?
- Do you have a calibrated thermometer (and/or a thin mass probe thermometer) with a scale of 0 to 220°F?
- Do you have adequate means for cold holding food at 41 degrees F or below (ice coolers)?
- Do you have adequate means for hot holding food at 135 degrees F or above (steam table)?

During the Event:

- Set Up Tables
- Set Up Hand Washing Station with soap and paper towels
- Good Hygienic Practices are followed?
 - Adequate glove changes
 - Adequate hand washing
 - No bare hand contact
 - No eating, drinking or smoking inside the booth
- Soiled and in-use food contact surfaces are being changed out every 4 hours (utensils)?
- Food contact surfaces are being sanitized?
- Sanitizer is at correct concentration?
- Raw food is stored separately from ready-to-eat food?
- Check temperatures of food and take corrective action if necessary:
 - Cold Food (below 41°F)
 - Hot Food (above 135°F)

After the Event:

- Hot held food is discarded or cooled properly at the commissary.
- Waste water is discarded at commissary or approved sewage system onsite.
- Trash discarded at commissary or approved disposal system onsite.
- Soiled equipment and utensils are cleaned and sanitized.