



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

Change of Ownership Packet

For Established Retail Food Establishment



Where Colorado Began!





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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:	<input type="checkbox"/> Seasonal Operation Please indicate the months, days, and hours you are operating: <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.



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OWNER/CONTRACTOR CONTACT INFORMATION

Today's Date: _____

TYPE OF ESTABLISHMENT: _____
 (EX: Retail Food, Mobile Unit)

OWNER INFORMATION:

Type of Ownership: Individual Partnership Corporation

Owner Name: _____

Name of First Contact Person (If corporation or partnership): _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

ESTABLISHMENT/BUSINESS INFORMATION:

Establishment/Business Name: _____

Establishment/Business **Physical** Address: _____

City: _____ Zip: _____

Establishment/Business **Mailing** Address: _____

City: _____ Zip: _____

Establishment/Business Phone Number: _____ Fax: _____

Days & Hours of Operation: _____

Retail Food Only: Total building square footage if grocery store: _____

Total # Seats if restaurant: _____

Total # of Meals per Week: _____

ALTERNATIVE CONTACT INFORMATION (Two contacts other than owner):

Name: _____ **Title:** _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

Name: _____ **Title:** _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

Retail Food Establishments: Certified Food Protection Manager

Regulation 6 CCR 1010-2: Retail Food Establishments

Five Risk Factors

Top five causes of illness:

1. Improper Holding Temps
2. Inadequate Cooking
3. Contaminated Equipment
4. Food from Unsafe Sources
5. Poor Personal Hygiene

All 5 of these risk factors can be reduced by having a certified food protection manager

Regulation

citation 2-102.12 & 2-102.20

At least one employee with authority to direct and control food preparation and service shall be a food protection manager who has been certified by an accredited program. Only Conference for Food Protection ANSI certified Food Protection Manager courses meet the requirements of 2-102.20

Trained managers keep food safe!

Food protection managers have an important role in formulating policies, verifying food employees carry out these policies, and communicating with employees about best practices to keep food safe

Contacts for Food Protection Manager Training:

360 Training *

<http://www.learn2serve.com>

Customer Support
(877) 881-2235

AboveTraining/StateFoodSafety *

<https://www.statefoodsafety.com>

Customer Support
(801) 494-1416

Environmental Health Testing (National Registry for Food Safety Professionals) *

<http://www.nrfsp.com>

Customer Service
(800) 446-0257

National Restaurant Association *

<https://www.servsafe.com>

Customer Support
(800) 765-2122

Prometric, Inc. *

<https://www.prometric.com>

Customer Support
(877) 725-3708

** These trainings may be offered in multiple languages*

Issued: 1/22/19

For more information contact your local health department or visit these other sources:

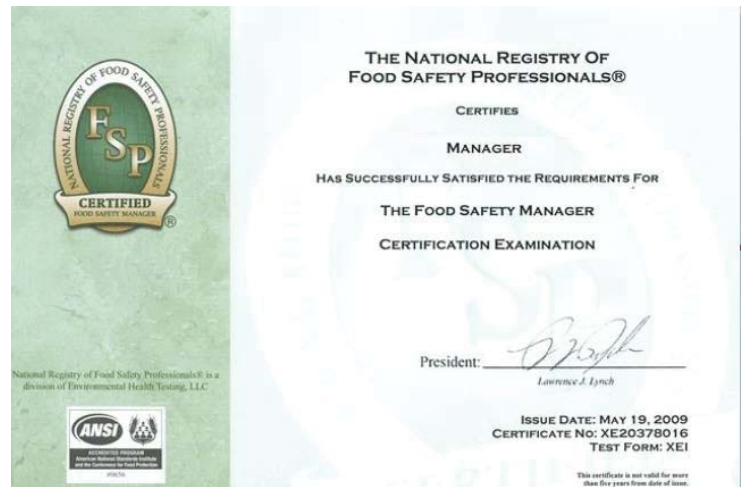
<https://www.colorado.gov/pacific/cdphe/food-code-transition>

Colorado Restaurant Association

<https://www.corestaurant.org/foundation/colorado-prostart-servsafe>



COLORADO
Department of Public
Health & Environment



Completion Information:

Completion Date: October 2, 2012
Exam Score: 100%
Provider Name: 360training.com
Provider Number: 0975

