

# MOBILE UNIT OR TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION

All vendors must complete and submit this application to the Event Coordinator for EACH event. **If applicable, please attach a copy of your current mobile/temporary retail food establishment license** issued by another health department in Colorado.

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

Date(s): \_\_\_\_\_

**Please complete the following information**

|   |           |                              |  |
|---|-----------|------------------------------|--|
| Mobile unit or Temporary Retail Food Establishment Name |           | Legal Owner's Name           |  |
| Mailing Address   |           | Colorado Sales Tax Account # |  |
| City  | State     | Zip Code                     |  |
| Telephone Number  | Fax #     |                              |  |
| Contact Name  | Contact # |                              |  |
| Which county Issued your Mobile/Temporary RFE License?  | E-mail    |                              |  |

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

**\*\*Any incomplete or grossly inadequate applications may be returned\*\***

**Are you:**

- |   |   |
|---|---|
| ____ Unlicensed Mobile or Temporary RFE           | ____ Non-profit ( <b>provide documentation</b> )    |
| ____ Licensed Mobile Unit ( <b>provide copy</b> ) | ____ Licensed Temporary RFE ( <b>provide copy</b> ) |

**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? \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE**

Licensed \_\_\_\_\_

Needs a license \_\_\_\_\_

Non-profit \_\_\_\_\_

*EH Representative Signature* \_\_\_\_\_

APPROVED

Yes \_\_\_\_\_

No \_\_\_\_\_

*Date* \_\_\_\_\_

**MENU** *(Please attach additional sheets, as necessary)*

A. Submit a complete menu

B. 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 | Where is the Food Obtained |
|----------------------|----------------------------|
| 1                    |                            |
| 2                    |                            |
| 3                    |                            |
| 4                    |                            |
| 5                    |                            |
| 6                    |                            |
| 7                    |                            |
| 8                    |                            |
| 9                    |                            |
| 10                   |                            |
| 11                   |                            |
| 12                   |                            |
| 13                   |                            |
| 14                   |                            |
| 15                   |                            |
| 16                   |                            |
| 17                   |                            |
| 18                   |                            |
| 19                   |                            |
| 20                   |                            |

**\*\*FOOD SHALL BE OBTAINED FROM APPROVED SOURCES THAT COMPLY WITH THE APPLICABLE LAWS RELATING TO FOOD AND FOOD LABELING\*\***

**\*\*PREPARATION OF FOOD OR STORAGE OF ANY ITEMS RELATED TO THE OPERATION IS PROHIBITED IN A PERSONAL HOME\*\***

**FOOD PREPARATION** *(Please attach additional sheets, as necessary)*

Preparation at the Approved Facility or Commissary before event

What is the name and location of your Commissary (**COMPLETE COMMISSARY AGREEMENT**)

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

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

| FOOD HANDLING PROCEDURES   |                          |                          |  |                          |              |
|--|--------------------------|--------------------------|--|--------------------------|--------------|
| Procedure  | Y                        | N                        | If yes, indicate where procedure will take place |                          | Which Foods? |
|  |                          |                          | Commissary                                       | On Site at Event         |              |
| Will produce be washed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |
| Will frozen foods be thawed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |
| Will foods be prepared in advance?<br><i>(eg. Sliced, chopped, etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |
| Will food be cooked?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |
| Will food be rapidly cooled?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |
| Will food be rapidly reheated?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |
| Will food be held hot?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |
| Will food be held cold?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> |              |

1. Describe how foods will be rapidly cooled to 41° or below? (at commissary and at event)

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

**\*\*Transportation of Potentially Hazardous Foods by Food Booth Vendors farther than a distance of 30 miles or a duration of longer than 30 minutes is prohibited\*\***

**\*\*Self-contained mobile units may operate without the use of a commissary, provided the unit is compliant with section 9-107 D of the Colorado Retail Food Rules and Regulations\*\***

***If the unit is a self-contained mobile unit, please provide a written operational plan and supportive documentation for review by the department***

3. What equipment will you use to control food temperatures during transport?

**4. How will cold foods be held at 41°F or below at the event?**

**5. What utensils will you use to dispense or serve hot & cold items?**

**6. What kind and how many probe food thermometers (0-220°F) do you have?**

**7. How will foods be cooked at the event?**

**8. How will hot foods be held at 135°F or above at the event?**

**9. How will foods be re-heated to at least 165°F at the event?**

**10. How will you prevent bare hand contact with ready to eat foods?**

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

**I will be serving only prepackaged foods that require no preparation and / or cooking.**

**I will be serving foods that require preparation 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 container (minimum) to catch and contain wastewater until it is properly disposed**

**5.) A handsink USED ONLY FOR HANDWASHING that is conveniently located and accessible to personnel performing food preparation**

**11. *If applicable*, how will you be conducting hand-washing at the event?**

**\*\*Hand sanitizers are NOT an acceptable substitute for required hand-washing\*\***

**12. How and where will wastewater be disposed?**

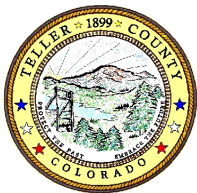
**\*\*Waste water CANNOT be dumped on the ground or into storm drains. Waste water MUST be placed in an approved receptacle or sanitary sewer\*\***

**13. Where will utensil washing take place?**

**14. Where will you be acquiring potable water for the event?**

**15. How will you prevent flying insect and airborne dust contamination of food and food preparation / service utensils?**

**16. How will overhead protection be provided?**



## COMMISSARY AGREEMENT

2017

Date

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

located at \_\_\_\_\_  
(Address of Establishment, City, State, Zip)

give my permission to \_\_\_\_\_ of \_\_\_\_\_  
(Mobile Unit Owner / Operator) (Name of Mobile Unit)

to use my kitchen facilities to perform the following tasks on their operational days:

- Preparation of food such as produce, cutting meats / seafood, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Storage of foods, single service items, and cleaning agents
- Service and cleaning of equipment
- Other (specify) \_\_\_\_\_

A **Commissary Use Log** will be maintained and made available to the department upon request.

Indicate how and where the commissary use log will be maintained:

\_\_\_\_\_

Commissary Water Supply:

Public  Private Public Water System ID Number (PWSID#) \_\_\_\_\_

Commissary Sanitary Sewer Service:

Public  Private

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Commissary Owner / Operator)

Commissary Contact phone number: \_\_\_\_\_

Commissary Contact Email address: \_\_\_\_\_

\*\*\*\*\*

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