



**Environmental Health
Community Development Services**

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**Mobile Unit or Temporary
Retail Food Establishment
Plan Review Application**

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Dear Licensee,

A mobile unit or temporary retail food establishment must comply with the [Colorado Retail Food Establishment Rules and Regulations](#) and have a current Retail Food Establishment (RFE) license to operate.

A mobile unit or temporary retail food establishment plan review application must be submitted and a pre-operational inspection must be scheduled with Teller County Environmental Health in order to receive an RFE license. Please be prepared for the following requirements:

- Complete Mobile Unit or Temporary RFE Plan Review Application
 - Please submit the RFE plan review application at least 2-3 weeks prior to the anticipated operation start date
- **Plan Review Fees:** \$100 application fee
 - Includes an RFE Plan Review and Pre-operational inspection
- **RFE License Fees:** \$255/year for Mobile Units
\$115/year for Mobile Units (pre-packaged products only)
\$255/year for Temporary/Special Events
\$115/year for Temporary/Special Events (pre-packaged only)
- Copy of Menu
- Layout of the unit or booth
- Signed Commissary Affidavit (*Commissary must be an approved facility in Teller County*)
- Equipment List: Manufacturer and Model number for each piece of equipment that will be utilized in the unit
- Mechanical diagrams, including plumbing, kitchen ventilation & lighting (mobile units only)
- Submit an RFE License Application form (Please contact TCEH for a copy of this form) with a Valid Colorado Sales Tax Account Number
- Licenses will be issued upon inspection

IMPORTANT NOTICE:

Operating a mobile unit or temporary retail food establishment without a Retail Food Establishment license is an unlawful act per the Food Protection Act (C.R.S. 25-4-1611).

Note: All mobile unit or temporary retail food establishments must have their Colorado RFE License on site at all times of operation.

Please contact TCEH with any additional questions or concerns. Copies of the [Colorado Retail Food Establishment Rules and Regulations](#) and other food safety resources can be provided upon request.

Sincerely,

Teller County Environmental Health
(719) 687-3048 (main office)
(719) 687-5256 (fax)

<http://www.co.teller.co.us/CDSD/EnvironmentalHealth/enviromn.htm>

Mobile Unit or Temporary RFE Information Sheet

If applicable, please attach a copy of your current mobile unit or temporary retail food establishment license issued by another health department in Colorado.

Establishment Information

Mobile Unit or Temporary RFE Name:		Legal Owner Name:	
Mailing Address:		Colorado Sales Tax Account #	
City:	State:	Zip Code:	
Facility Phone Number:		Fax Number:	
Contact Person:		Contact Number:	
Contact e-mail Address:			
Health Dept. that issued previous RFE License (if applicable):			

Event Name:	Dates of Operation:
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Event Location (<i>venue</i>):							
Hours of Operation:							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Additional Events and Dates that you plan on attending in Teller County

Event Name	Location	Date

FOR HEALTH DEPARTMENT USE ONLY	
<input type="checkbox"/> Licensed	<input type="checkbox"/> Approved
<input type="checkbox"/> License Needed	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Non Profit	
Environmental Health _____	Date _____
Comments: _____	

**APPLICATION TO OPERATE A
MOBILE UNIT or TEMPORARY RETAIL FOOD ESTABLISHMENT**

1. List all food products and the specific source of all food items that you plan to sell at the event: *(INCLUDE MENU. Potentially hazardous foods not listed on the menu are not to be served to the public)*

Food and Drink Items	Name of grocery chain, wholesaler, etc.

2. List all items that you will prepare prior to the event: *(Potentially hazardous foods requiring dicing, cutting, and extensive preparation must be conducted at the commissary. See Chapter 10-102 of the Colorado Retail Food Establishment Rules and Regulations)*

Food <i>(check all that apply)</i>	Thaw	Cut	Assemble	Cook	Cool	Reheat	Cold Hold	Hot Hold

A.) Where will these foods be prepared prior to the Event?

B.) Once cooked, describe how cooked products will be cooled to 41°F in less than 6 hours:
(check all that apply)

- Shallow Pans, in cooler Ice bath, stirring occasionally
 Ice Wand/Paddle Other: (please specify) _____

C.) How will products be reheated to 165°F, if required, and what equipment will be used?
(check all that apply)

- Grill Oven Smoker Hotplate Microwave
 Other: (please specify) _____

3. While transporting food to the event, what equipment will be used to maintain food at 41°F or below? At 135°F or above?

- Ice chests with ice Cambros (cold holding)
 Cambros (hot holding) Distance (event less than 15 min. away)
 Other: (please specify) _____

4. What kind and how many food probe thermometers (0°F-220°F) will you have on site?

- Metal stem probe ____ Thermocouple ____ Digital ____

5. Food handling at the event: (please attach additional sheets if necessary)

List all menu items, including beverages, to be served. (check all that apply)

Food	Cold Hold	Reheat	Cook	Hot Hold	Assemble	Other

6. What equipment will be used on site to maintain product hot holding (135°F) and/or cold holding (41°F) temperatures?

Hot Holding Items

- Steam Table
 Cambros (hot holding)
 Crock Pot
 Held on grill until served
 Served immediately after cooking
 Deep Fryer
 Other: (please specify) _____

Cold Holding Items

- Ice Chest with ice
 Refrigerator
 Freezer
 Cambros (cold holding)
 Other: (please specify) _____

Note: Ice chests must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.

7. What utensils will you use to dispense hot items?

8. What utensils will you use to dispense cold items?

9. What final assembly of food product will take place at the event?

10. Describe where and how frequently utensils and equipment will be washed, rinsed, and sanitized?

Commissary: _____ Commercial 3-compartment sink: _____

11. Liquid waste must be disposed of into a sanitary sewer system. Solid waste must be disposed into a dumpster. How will you dispose of your liquid and solid waste?

12. **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 all that apply)*

I will be serving only prepackage 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:

A.) 2 gallons (minimum) of warm potable water that must be refilled as needed in a container with a “hands-free” spigot. *(Container must be able to provide free flowing water)*

B.) Liquid Soap

C.) Disposable paper towels

D.) 5 gallon (minimum) bucket to catch and contain waste water until it is properly disposed

*Note: Hand sanitizers are **not** an acceptable substitute for the required hand washing set-up.*

13. How will you prevent bare hand contact with ready-to-eat foods?

Food-grade disposable gloves Tongs Deli tissue

Other: *(please specify)* _____

14. Food must be protected from the public during preparation and storage. Describe how this will be done:

15. Please show a diagram of your mobile layout or vendor booth set-up. (*Include: Tables, equipment, washing facility, and customer access area*)

FOR HEALTH DEPARTMENT USE ONLY

Licensed

Approved

License Needed

Disapproved

Non Profit

Environmental Health _____ Date _____

Comments: _____

AFFIDAVIT OF COMMISSARY
MOBILE UNIT OR TEMPORARY RETAIL FOOD ESTABLISHMENTS

Date _____

I, _____ of _____, located at
(Owner/Operator) *(Licensed Commissary Establishment Name)*

(Address of Establishment, State, Zip Code)

do hereby offer the aforementioned establishment at the above address to

(Name of Mobile Unit/Temporary Retail Food Establishment)

to utilize my licensed kitchen facilities to perform the following:

- Prepare foods such as vegetables, fruit, cutting of meat, cooking, cooling, reheating, etc.
- Store food, single service items, and cleaning agents
- Service and clean equipment
- Ware washing
- Fill water tanks
- Dispose waste water
- Other: *(please specify)* _____

Commissary Water Supply: Municipal Well
Commissary Sewage System: Municipal Septic

Indicate the equipment available at the commissary for proposed usage:

- Hand sink Food prep sink Mop sink 3-compartment sink
- Dish Machine Refrigeration Dry storage
- Other: *(please specify)* _____

I, _____ of _____
(Owner/Operator) *(Name of Mobile Unit or Temporary Retail Food Establishment)*

offer this affidavit as proof that my food and products are prepared and stored in
_____, located at _____,
(Licensed Commissary Establishment Name) *(Address, State, Zip Code)*

which is currently licensed and under inspection by the Health Department. I acknowledge if I cease to use this facility or there is a change of ownership with the commissary, a new affidavit must be submitted to the Department for approval before I can resume selling my food product.

By signing below, I do hereby confirm that the above information is true.

Commissary Owner Signature _____
Date

Mobile Unit/Temporary Retail Food Establishment Owner Signature _____
Date