



Teller County Public Health and Environment
PO Box 928
11115 W. Hwy. 24, Unit 2C
Divide, CO 80814
(719) 687-6416
Fax: (719) 687-6501

TEMPORARY RETAIL FOOD APPLICATION

1. Vendor Name: _____

2. Phone: _____ Email: _____

3. Check one of the following options that describes your operation and follow the instructions.
 - I am a licensed mobile retail food establishment in the State of Colorado
 - STOP**
 - Submit a copy of your current State of Colorado Mobile Retail Food License to Teller County Public Health and Environment.

 - I am operating a cook-off event where food items will be sampled by the public for competitive judging.
 - CONTINUE** To complete the remainder of this application.
 - You only have to complete one application if all participants are using the same food handling procedures and commissary facility.

 - I am a vendor operating under the Cottage Foods Act
 - STOP**
 - Submit a proposed menu, proof of completion of a basic food handling training, and a copy of a sign or placard that you will display to inform the consumer that your food product was prepared in a residential kitchen that is not regulated in the State of Colorado.

 - I am a temporary food vendor and do not have a State of Colorado mobile retail food license
 - CONTINUE** to complete the remainder of this application

 - I operate a licensed brick and mortar restaurant in Teller County
 - CALL** Teller County Public Health and Environment at (719) 687-6416

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

A. 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 | |

****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 PRIVATE RESIDENCE****

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: _____

****Vendors must use a commissary that carries a current retail food license. A private residence cannot be used as a commissary****

****Food may not be assembled, cooked, cooled, reheated, or stored at any time in a private residence****

| 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? (eg. Sliced, chopped, etc.) | <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. Please provide the distance you will be transporting food to the event?

****Food may be transported from distances farther than 30 miles as long as adequate temperature control methods are used to keep potentially hazardous food items at 41°F or below and/or 135°F or above (see item #2)****

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

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

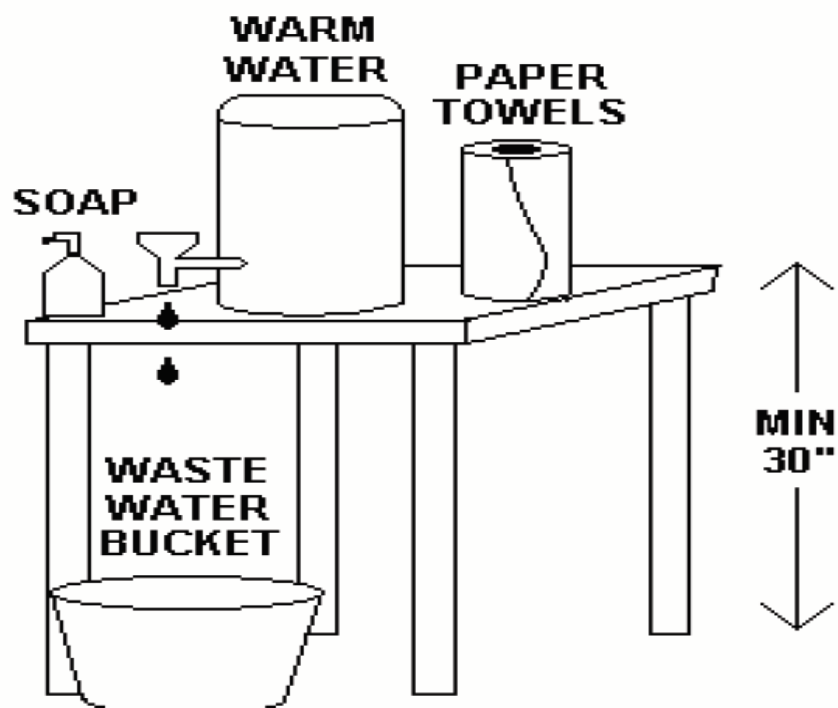
3.) Paper towels

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

****A handsink must be located so that it can be easily accessible to food handlers while performing food preparation activities. Handsinks located inside neighboring buildings or at the commissary are not considered easily accessible****

Hand Wash Station



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

5. How will food be cooked?

****Food cannot be cooked in advance at a private residence****

6. Will food be rapidly cooled after cooking? How?

****Foods cannot be cooled in advance at a private residence****

7. How will cold food be held at 41°F or below?

****Foods cannot be held cold in advance at a private residence****

8. Will food be rapidly reheated to hot hold? How?

****Foods cannot be reheated in advance at a private residence****

9. How will hot food be held at 135°F or above?

****Foods cannot be held hot in advance at a private residence****

10. How many probe food thermometers (0-220°F) will you have?

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

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

13. Where will utensil washing take place?

****You must bring enough utensils so that soiled utensils may be replaced by new utensils every four hours. Utensils cannot be washed at a private residence****

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

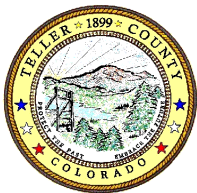
****Water must be obtained from a public water source and cannot be obtained from a private well or water system****

15. 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****

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

17. How will overhead protection be provided?



COMMISSARY AGREEMENT

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