Application for Special Events with Food and Drink

ALL VENDORS please submit this application to the Las Animas-Huerfano Counties District Health Department once prior to your first event to obtain your annual Health Department Approval. Please allow two weeks for processing. If licensed in Colorado but outside of Las Animas-Huerfano Counties also include a copy of your Colorado Retail Food Establishment License. VENDORS NOT LICENSED IN COLORADO please submit $100 plan review fee with your application to begin the licensing process.

Please complete the following information:

<table>
<thead>
<tr>
<th>Retail Food Establishment Name</th>
<th>Legal Owner’s Name</th>
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<tbody>
<tr>
<td>Establishment Address(Street Address and P.O. Box)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Contact #</td>
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<tr>
<td>E-mail</td>
<td>Which county issued your license?</td>
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All vendors shall have the original Colorado Retail Food Establishment license on premise at all times.

Are you: (Check one)
Unlicensed (Submit with $100 fee) ____
Licensed Temporary Retail Food Establishment ____
Licensed Mobile Unit* ____ *Some options provided throughout form are not applicable.

Colorado Sales Tax 

How many people do you anticipate serving each day of the event? ______________

Please list ALL events you plan to attend in Las Animas-Huerfano-Custer Counties.

<table>
<thead>
<tr>
<th>Event name</th>
<th>Date</th>
<th>Location</th>
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COMMISSARY

All special event vendors are required to have a local commissary within 30 minutes or 30 miles of your event in Mesa County. Self-contained mobile units do not have to have a commissary if all operations can adequately be done in the mobile unit. If your operation does not need a commissary in Mesa County please provide the reasoning in writing.
Name and location of Las Animas-Huerfano-Custer County commissary:

Please complete Commissary Agreement on page 5 of this plan review.

MENU-In addition to detailing processes below please submit a complete menu with this application.
List all items requiring preparation below. Place a √ in the appropriate box stating where each process takes place.

<table>
<thead>
<tr>
<th>Food</th>
<th>Thaw</th>
<th>Cut/Assemble</th>
<th>Cook/Bake</th>
<th>Cool</th>
<th>Reheat</th>
<th>Cold Holding</th>
<th>Hot Holding</th>
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Example: Chili

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13. 
14. 
15. 

FOOD HANDLING AT THE COMMISSARY

Cooling
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
How will foods be re-heated to at least 165° F? (mark all that apply)
- Microwave
- Grill
- Oven/ Stove
- Hot plate
- Other (specify) ________________________________

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
☐ Commercial refrigeration
☐ Other (specify) ________________________________

HANDWASHING SET-UP
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 and/or cooking.
☐ I have a handwash sink with hot and cold water under pressure supplied with soap and paper towels.
☐ I am a temporary event set up and will be serving open foods or beverages and will provide the following for hand-washing:
   1) A minimum of 5 gallons of warm potable water that must be refilled as needed in a container with a ‘hands-free’ spigot (both hands can be washed under running water at the same time)
   2) Soap
   3) Dispensed paper towels
   4) Tall container or large trash can to catch wastewater until it is properly disposed

NOTE: Hand ‘sanitizers’ are NOT an acceptable substitute for required hand-washing set-up.

POTABLE AND WASTE WATER
Where will you obtain water? ☐ Commissary ☐ At event ☐ Other ___________________________
Will you be using a hose to obtain water? ______ If yes, is your hose food-grade quality? ______
If using a hose(s), do you have a backflow preventer for each hose you will be using? ______
Where will wastewater be disposed?
☐ Commissary ☐ Approved on-site receptacle at event ☐ Other ___________________________

Wastewater CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from your event coordinator where this is located for each event.

FOOD HANDLING AT THE BOOTH
Hot Food Items
1. How will these foods be cooked at the event? (mark all that apply)
   ☐ Grill ☐ Hot plate
   ☐ Deep fat fryer ☐ Oven/Stove
   ☐ Microwave ☐ Smoker
   ☐ 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)
   ☐ Steam table ☐ Held on grill until served
   ☐ Served immediately after cooking ☐ Other (specify) ________________________________
3. What utensils will you use to dispense or serve the hot items?________________________

Cold Food Items
1. How will cold foods be held at 41°F or below at the event? (mark all that apply)
   ☐ Refrigerator / freezer
   ☐ Ice chest - must be drainable and foods stored in sealed containers
   ☐ Other (specify) ________________________________
2. What utensils will you use to dispense or serve the cold items?_____________________

3. What kind and how many food thermometers (0-220°F) do you have?
   □ Metal stem probe____  □ Thermocouple____  □ Digital____

OPERATIONS
How will you prevent bare hand contact with ready to eat foods?
   □ Tongs  □ Food-grade disposable gloves  □ Deli tissues
   □ Other (list) ________________________________

Where will vegetables and/or fruit be washed? ________________________________  □ N/A

Where will utensil washing take place? (Washing utensils in 3 wash tubs is not allowed.)
   □ Commissary  □ Commercial 3-compartment sink in booth/mobile unit

If providing a three compartment sink in your mobile unit or booth please indicate sizes below.
3 compartment sink bays (if bays are different sizes please indicate otherwise if they are the same provide once):
   Length__________________  Width:___________________  Depth:__________________

Drainboards:
   Soiled: Length___________  Width ______________  Clean: Length___________  Width __________

How many gallons of water can your water tanks hold?
N/A  Potable: _______ gallons  Gray: _________ gallons

What sanitizer will be used for wiping cloths?
   □ Chlorine  □ Quaternary Ammonia  □ Other (specify) ________________

*Test kits shall be provided to test sanitizer concentrations.*

BOOTH LAYOUT- Provide a drawing of the Temporary Food Establishment or Mobile Unit. Identify all equipment. The layout shall include the following:

   □ Cooking equipment  □ Hot and cold holding equipment
   □ Hand washing facilities  □ Work surfaces
   □ Food and single service storage  □ Garbage containers
   □ Customer service area  □ Personal item storage/ Break area

***PLEASE SUBMIT A COPY OF THE MENU WITH THE APPLICATION***

Submit to:
Las Animas-Huerfano Counties District Health Department
Environmental Health
412 Benedicta Avenue
Trinidad, CO 81082
rheupel@la-h-health.org
Ph (719) 846-2213 X 23  Fax (719) 846-4472

DEPARTMENT USE ONLY

<table>
<thead>
<tr>
<th>Type: □ New □ Turnkey</th>
<th>Fee: □ N/A □ $100</th>
<th>Receipt #__________</th>
<th>Date paid: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>EH Specialist_________</td>
<td>Type Special Event Open or Special Event Pre-packaged</td>
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<tr>
<td>Program Element_________</td>
<td>Frequency 0.5 1 2</td>
<td></td>
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<tr>
<td>Menu risk 1 2 3 N/A</td>
<td>Enter date__________</td>
<td>By___________</td>
<td></td>
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</tbody>
</table>
Las Animas-Huerfano Counties District Health Department

Commissary Agreement
for Temporary Retail Food Operation or Mobile Unit

____________________________________________
Date

I, ________________________________________________,
(Owner/ Operator of Commissary)

located at ____________________________________________
(Address of Commissary)

do hereby give permission to ____________________________
(Name of Temporary Retail Food Operation or Mobile Unit)

to use my kitchen facilities for:

- Preparation of foods such as vegetables, fruits, meats, cooking, cooling and reheating.
- Storage of dry goods and paper goods
- Storage, service and cleaning of equipment
- Storage of hot and cold holding equipment

Commissary water supply?  _____ Municipal  _____ Well
Commissary sanitary sewer service?  _____ Municipal  _____ Septic

Indicate hours facility is available for use by operator:
Mon ___ to ___  Tues ___ to ___  Wed ___ to ___  Thur ___ to ___  Fri ___ to ___  Sat ___ to ___  Sun ___ to ___

Indicate the equipment available at the commissary for the proposed uses above:
Hand sink _____  Prep sink _____  Mop sink _____  Three bay sink _____
Dish machine _____  Refrigeration _____  Freezer_____  Cooling equipment ______
Dry storage _____  Other____________________________________

I agree to provide a separate, designated storage area for all items related to this vendor’s operation.

__________________________________________
Signature of Owner/Operator Commissary

__________________________________________
Phone number

This Commissary Agreement is valid for this year only.