



VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete and submit to Event Coordinator for **each** event in **the Tri-County area**. If no menu and no equipment change are occurring from one event to another, the completed original may be copied. Please attach a copy of your current Temporary Event or Mobile Unit Colorado Retail Food Establishment License, if already licensed. If the licensed mobile unit is operating strictly as a mobile unit as originally approved, an application for the Temporary Event is not required.

A holder of a valid Colorado Retail Food Establishment **Mobile Unit License** planning to operate as a Temporary Food Vendor is required to submit an application and obtain a separate Retail Food Establishment Temporary Event license if the operation is different from what has previously been approved.

Event Name: _____ Date(s): _____

Please complete the following information:	
Temporary Retail Food Establishment Name	Legal Owner's Name
Establishment Address (Street Address & P.O. Box)	
City	State Zip Code
Telephone Number ()	Cell Phone Number ()
Fax Number ()	Email
Contact Name	Contact Telephone Number
Contact email	Which Health Department issued your license?

***All applicants for a Temporary Food Event Retail Food Establishment license must provide a Special Event Sales Tax license, available from the Colorado Department of Revenue. The Sales Tax account number from an existing Retail Food Establishment is not acceptable unless the number of vendors at the event is 2 or less.**

All vendors shall have the original Colorado Retail Food Establishment license on premise at all times or you may be required to cease operating.

FOR HEALTH DEPARTMENT USE ONLY	
Licensed _____	Approved _____
Needs a license _____	Yes _____
Non-Profit _____	No _____
EH Specialist Signature _____	Date _____



Are you (check one):

Unlicensed _____

Non-Profit and based in the same county as this event (Provide documentation) _____

Licensed Temporary Event
(provide copy) _____

Licensed Mobile Unit
(provide copy) _____

Hours of operation of the temporary food booth for this event:

Mon. _____ Tues. _____ Wed. _____ Thur. _____
 Fri. _____ Sat. _____ Sun. _____

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

Please list any additional events and dates that you plan on participating in within the Tri-County area:

Event name _____ Date _____ Location _____

MENU (Please attach additional sheet, as necessary) **Preparation of raw chicken at the event is prohibited other than the frying of frozen chicken wings.**

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	Location where obtained



FOOD PREPARATION

Preparation at Approved Facility or Commissary before and/or during the Event

Check which preparation procedure each menu item requires. *All slicing, chopping, peeling, dicing, shredding, mixing and pre-washing must be done at your commissary.*

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Hold	Hot Hold

What is the name and location of your commissary? (Complete Commissary Agreement on page 8.)

Name: _____

Contact Person and Phone Number: _____

Food Handling at the Booth *(Please attach additional sheets, as necessary.)*

List all menu items, including beverages, to be served from the temporary food booth. Check which food handling procedure each menu item requires at the booth.

Food	Assemble	Cook/ Grill	Reheat	Cold Hold	Hot Hold	Other



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 degrees F? (mark all that apply)

- Microwave
- Grill
- Oven
- 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
- Cold holding unit for cold foods
- Hot holding unit for hot foods
- Other (specify) _____

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 the space below that applies to your booth / unit.

- I will be serving only prepackaged foods that require no preparation, and/or cooking.
- I will be serving foods that require preparation, dispensing and / or cooking and will provide the following for hand-washing:
 - 1.) 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 bucket (minimum) to catch and contain wastewater until it is properly disposed of

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



3. What kind and how many food thermometers (0-220°F) will be provided at the event? _____
- Metal stem probe Thermocouple Digital

Where will utensil washing take place?

- Commissary Other _____

Extra sets of clean utensils must be provided so that they may be changed out at least every 4 hours.

Sanitizer for food contact surfaces

- Provide sanitizer (bleach and water) at 50-200ppm
 Provide sanitizer test strip

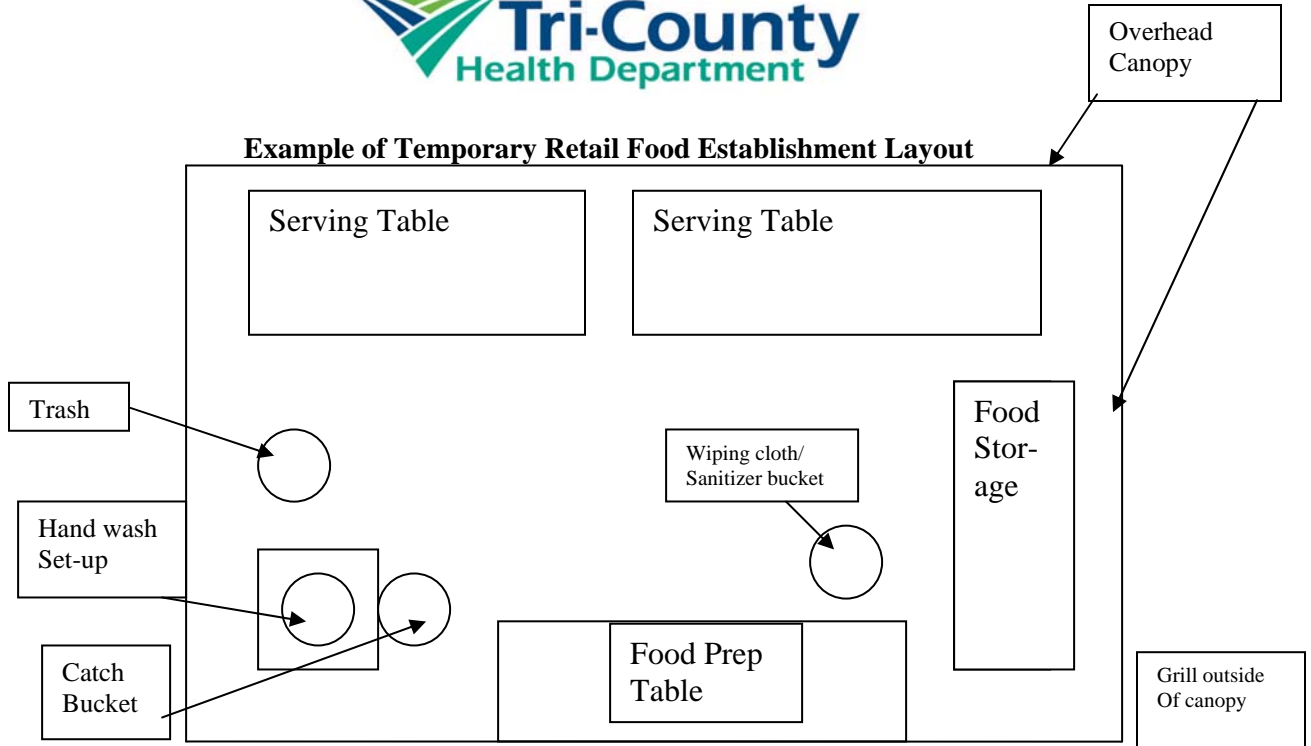
What is your booth plan for flying insects and dust control, if applicable? What type of ground cover will be provided?

BOOTH LAYOUT AND MAP- Overhead protection must be provided (canopy).

Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment. See example on page 7.

The map shall include the following:

- | | |
|--|---|
| <input type="checkbox"/> Cooking equipment | <input type="checkbox"/> Hot and Cold Holding equipment |
| <input type="checkbox"/> Hand Washing facilities | <input type="checkbox"/> Work surfaces |
| <input type="checkbox"/> Food and Single Service storage | <input type="checkbox"/> Trash containers |
| <input type="checkbox"/> Customer Service area | <input type="checkbox"/> Barriers to exclude public |



Draw your layout here

Contact the Tri-County Health Department office in the area where the event will be located for further information.

Aurora
15400 E. 14th Pl., Ste. 309
Aurora, CO 80011
303-341-9370

Castle Rock
4400 Castleton Ct.
Castle Rock, CO 80109
303-663-7650

Commerce City
4201 E. 72nd Ave., Ste. D
Commerce City, CO 80022
303-288-6816

Bellevue East
7100 E. Bellevue, Ste. 102
Greenwood Village, CO 80111
303-783-7133



COMMISSARY AGREEMENT

_____ Date

I, _____ of _____,
(Name of owner/operator) (Name of establishment)

located at _____
(Address of Establishment)

Do hereby give my permission to _____
(Name of Mobile Unit/Temporary Event Vendor)

To use my kitchen facilities to perform the following:

- | | |
|---|--|
| <input type="checkbox"/> Preparation of foods such as vegetables or fruits, | <input type="checkbox"/> Ware washing |
| <input type="checkbox"/> Cutting meats, cooking, cooling, reheating | <input type="checkbox"/> Filling water tanks |
| <input type="checkbox"/> Storage of foods, single service items, and
and cleaning agents | <input type="checkbox"/> Dumping waste water |
| <input type="checkbox"/> Service and cleaning of equipment | <input type="checkbox"/> Other (list below) |

Commissary water supply Municipal Well

Commissary sanitary sewer service Municipal Septic

Indicate the equipment available at the commissary for the proposed uses:

Hand sink Prep sink Mop sink Three compartment sink

Dish machine Refrigeration Cooling equipment Dry Storage

Other _____

_____ Commissary owner/operator

_____ Phone Number

This Commissary Agreement is valid for this calendar year only.