



Routt County Department of Environmental Health

136 6th Street, Suite 201
Steamboat Springs, CO 80487

P: (970) 870-5588

F: (970) 870-5404

**TEMPORARY EVENT RETAIL FOOD VENDOR
PLAN REVIEW FORM**

- First-time, unlicensed vendors must:
 - Submit this form and \$100 plan review fee to Routt County Department of Environmental Health (RCDEH).
 - Submit Retail Food Establishment License Application (pg.6) and Temporary Event License Fee:
 - \$255 full service/\$115 prepackaged only
- Colorado licensed (by jurisdictions approved by RCDEH) and applying to Routt County for the first time must:
 - Submit \$100 plan review form and include a copy of your current license
- Returning vendors:
 - Submit this form and \$25 renewal fee and provide copy of current license; if not currently licensed, ALSO:
 - Submit Retail Food Establishment License Application (pg.6) and Temporary Event License Fee:
 - \$255 full service/\$115 prepackaged only

Please write legibly. Provide complete and detailed information.		
Food Vendor Trade Name:		Contact Person:
Phone #:		Email:
Mailing Address:		
City:	State:	Zip Code:
If licensed in Colorado, indicate jurisdiction (county):		
List the Routt County events you plan to operate at:	Date(s):	~ Number of people to be served each day
Name:		
Name:		
Name:		

Please Mark Applicable Category:

- Unlicensed and applying for a first-time Temporary Event Retail Food Vendor License (include Commissary Agreement)
 - *Submit this form and \$100 plan review fee*
 - *Submit Retail Food Establishment License Application (pg. 6) and Temporary Event license fee: \$255 full service/\$115 prepackaged only*
- Colorado licensed Temporary Event Retail Food Vendor applying for operating approval by RCDEH for the first time
 - *Submit \$100 plan review form and include a copy of your current license (pink document)*
- Returning vendors:
 - *Submit this form and \$25 renewal fee and provide copy of current license; if not currently licensed, ALSO:*
 - *Submit Retail Food Establishment License Application and fee: \$255 full service/\$115 prepackaged only*
- Non-Profit Organization Food Vendor (provide documentation verifying non-profit status)

Departmental Use Only: Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	EHS Signature:	Date:
--	-----------------------	--------------

MENU (Alternative documents with the menu and food preparation details may be provided if adequate):

- Please list all food products and the specific source (e.g., name of grocery chain, wholesaler, etc.)
- Please include items such as toppings and condiments
- If applicable, please indicate if food item is served to the customer in the original commercial packaging

Food and Drink Items

Location where obtained

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

FOOD PREPARATION:

- Please list all menu items requiring food preparation
- Please indicate (i.e., mark) for each menu item where applicable food preparation is conducted
 - C = Commissary/Commercial Kitchen
 - E = Event

FOOD	Thaw		Cut/ Assemble		Cook/ Bake		Cool		Reheat		Cold Holding		Hot Holding	
	C	E	C	E	C	E	C	E	C	E	C	E	C	E
EXAMPLE: Chili	X		X		X		X			X				X
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commissary/Commercial Kitchen Name & Location:

If applicable, how will hot foods be rapidly cooled to 41°F at the commissary/commercial kitchen?

- Ice paddle or wand
 Shallow Pans
 Using an ice-bath to cool the food product
 Other (please specify):

If applicable, how will cold foods be re-heated to at least 165°F at the commissary/commercial kitchen?

- Microwave
 Oven
 Hot Plate
 Grill
 Other (please specify):

Please provide the approximate distance and time required for transporting food to the event:

What equipment will you use to control food temperatures during transportation time?

- Coolers with ice
 Cambros for hot foods
 Cambros for cold foods
 Other (please specify):

HAND-WASHING AT THE EVENT:

- A hand-washing station at each booth is REQUIRED unless only serving commercially packaged food items that require no preparation.

I will be serving only commercially packaged foods that require no preparation.

I will be serving foods that require preparation and/or cooking.

I will provide the following basic requirements for proper hand-washing:

- A minimum of 5 gallons of warm potable water (refilled as needed) in a container with a ‘hands-free’ spigot
- Soap
- Paper towels
- 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed

NOTE: Hand sanitizers may be used in addition to hand-washing, but hand sanitizers are NOT an acceptable substitute for required hand-washing.

Where will wastewater be disposed?

- Commissary
- Other (please specify)
- Approved on-site wastewater receptacle at event

NOTE: Wastewater CANNOT be dumped onto the ground or into storm drains.

FOOD HANDLING AT THE EVENT (Please attach any additional operational information):

If applicable, how will foods be cooked at the event?

- Grill
- Deep fat fryer
- Microwave
- Hot plate
- Oven/Stove
- Other (please specify):

If applicable, how will hot foods be held at 135°F or above at the event?

- Hot holding unit
- Held under heat lamps
- Other (please specify):
- Crock-pot
- Held on grill until served
- Steam table
- Served immediately after cooking

NOTE: Fuel gel canisters (e.g., Sterno burners) are prohibited for hot holding food outdoors.

What type of utensil(s) will be used to serve or dispense any hot food items?

If applicable, how will foods be held at 41°F or below at the event?

- Mechanical Refrigerator/Freezer
- Ice cooler(s) (must be drainable and foods may not contact ice unless packaged and sealed)
- Other (please specify):

What type of food-probe thermometers will be used to measure internal food temperatures?

- Metal Stem probe
- Digital
- Thermocouple

If applicable, what utensil(s) will be used to serve or dispense any cold food items?

How will bare-hand contact with ready-to-eat foods be prevented?

- Tongs
- Deli tissues
- Food grade disposable gloves
- Other (please specify):

Where will utensil/dish washing, rinsing, sanitizing be conducted?

- Commissary/Commercial Kitchen
- Commercial 3-compartment Sink available at the event

What type of sanitizer will be used to saturate food-contact surface wiping cloths? Test strips are required.

- Chlorine (e.g., plain bleach) Quaternary Ammonia (e.g., quat tablets) Other (please specify):

What is your booth plan for flying insects and dust control, if applicable?

BOOTH LAYOUT & EQUIPMENT LIST *(Please email any digital pictures of equipment that may be helpful):*

- Provide a drawing of the booth layout and identify all equipment
- Include all applicable items listed below in the drawing (mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Cooking Equipment | <input type="checkbox"/> Hot and Cold Holding Equipment |
| <input type="checkbox"/> Food Storage Area | <input type="checkbox"/> Food Preparation Area/Surfaces |
| <input type="checkbox"/> Single-service Food Container/Utensil Storage Area | <input type="checkbox"/> Hand-washing Equipment |
| <input type="checkbox"/> Garbage Containers & Customer Service Area | <input type="checkbox"/> Personal Item Storage & Break Area |

Routt County Department of Environmental Health
COMMISSARY AGREEMENT

This Commissary Agreement is for Mobile Retail Food Establishments (including Pushcarts), Temporary Event Retail Food Vendors, or Catering Retail Food Establishments (or any other Retail Food Establishment utilizing a commissary). This Commissary Agreement must be completed and signed by the commissary owner/operator and submitted to Routt County Department of Environmental Health (RCDEH) for approval. A new Commissary Agreement must be submitted each calendar year prior to the issuance of a Retail Food Establishment license. A new Commissary Agreement must be submitted if there is a change in ownership of the commissary.

I, _____ OF _____, LOCATED AT _____
(Commissary Owner/Operator Name) (Commissary Name)

(Full Physical Address of Commissary)

DO HEREBY GIVE PERMISSION TO

(Name of Mobile Unit, Temporary Event, or Catering Retail Food Establishment)

TO UTILIZE MY COMMISSARY KITCHEN TO PERFORM THE FOLLOWING *(please mark applicable items)*:

<input type="checkbox"/> All cutting, peeling, and washing of fruits and vegetables	<input type="checkbox"/> Food preparation including cutting of meat and cooking
<input type="checkbox"/> Storage of foods in refrigeration/freezer unit(s)	<input type="checkbox"/> Storage of foods in dry storage area(s)
<input type="checkbox"/> Storage of single-service items (e.g., disposable plates)	<input type="checkbox"/> Storage of cleaning chemicals in chemical storage area
<input type="checkbox"/> Washing of dishes	<input type="checkbox"/> Storage, service and/or cleaning of equipment
<input type="checkbox"/> Filling of water tanks	<input type="checkbox"/> Dumping of wastewater
<input type="checkbox"/> Other <i>(please specify)</i> :	

INDICATE THE EQUIPMENT AVAILABLE AT THE COMMISSARY FOR USE *(please mark applicable items)*:

<input type="checkbox"/> Handsink(s)	<input type="checkbox"/> Three-Compartment Sink	<input type="checkbox"/> Refrigeration Unit(s)
<input type="checkbox"/> Food Preparation Sink	<input type="checkbox"/> Dishwashing Machine	<input type="checkbox"/> Freezer(s)
<input type="checkbox"/> Ice Machine	<input type="checkbox"/> Mop/Utility Sink	<input type="checkbox"/> Cooling Equipment
<input type="checkbox"/> Other <i>(please specify)</i> :		

Commissary WATER SUPPLY: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Commissary WASTEWATER: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic
---	---

INDICATE THE DAYS AND TIMEFRAME THE COMMISSARY IS AVAILABLE FOR USE *(please mark)*:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
to	to	t o	to	t o	to	t o

IS THE COMMISSARY AVAILABLE SEASONALLY OR FOR A SPECIFIC PERIOD OF TIME? YES NO
 IF SO, PROVIDE DATES AVAILABLE: _____

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

OFFER THIS COMMISSARY AGREEMENT AS DOCUMENTATION THAT FOOD PRODUCTS ARE PREPARED AND STORED AT THE COMMISSARY LISTED ABOVE IN ACCORDANCE WITH THE COLORADO RETAIL FOOD ESTABLISHMENT RULES & REGULATIONS.

Mobile Unit, Temporary Event, or Catering Retail Food Establishment Owner Signature Date

Commissary Owner/Operator Signature Date

Make remittance payable to: Routt County Treasurer

Mail remittance and application to:
 Routt County Dept. of Environmental Health
 136 6th Street, Suite 201
 Steamboat Springs, CO 80477

Retail Food Establishment License Application

Calendar Year 2023

Incomplete applications, or applications without payment (if required), will not be processed.

Ownership type:																											
<input type="checkbox"/> Individual (must complete affidavit of residency)	<input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.)	<input type="checkbox"/> Non-profit (includes government)	<input type="checkbox"/> Other																								
Full legal name of owner, corporation, or non-profit:																											
Trade name (DBA):		Contact name (on site):																									
Email:		CO Sales Tax Acct. No.																									
Physical address of business:		City:	State: Zip:																								
County where business is located:	Phone number:	Other contact number (mobile, fax, etc.):																									
Mailing address (if different from above):		City:	State: Zip:																								
Date you started the business:	<input type="checkbox"/> Seasonal? Mark each month you operate: <table style="display: inline-table; vertical-align: middle;"> <tr> <td>JAN</td><td><input type="checkbox"/></td> <td>FEB</td><td><input type="checkbox"/></td> <td>MAR</td><td><input type="checkbox"/></td> <td>APR</td><td><input type="checkbox"/></td> <td>MAY</td><td><input type="checkbox"/></td> <td>JUN</td><td><input type="checkbox"/></td> </tr> <tr> <td>JUL</td><td><input type="checkbox"/></td> <td>AUG</td><td><input type="checkbox"/></td> <td>SEP</td><td><input type="checkbox"/></td> <td>OCT</td><td><input type="checkbox"/></td> <td>NOV</td><td><input type="checkbox"/></td> <td>DEC</td><td><input type="checkbox"/></td> </tr> </table>			JAN	<input type="checkbox"/>	FEB	<input type="checkbox"/>	MAR	<input type="checkbox"/>	APR	<input type="checkbox"/>	MAY	<input type="checkbox"/>	JUN	<input type="checkbox"/>	JUL	<input type="checkbox"/>	AUG	<input type="checkbox"/>	SEP	<input type="checkbox"/>	OCT	<input type="checkbox"/>	NOV	<input type="checkbox"/>	DEC	<input type="checkbox"/>
JAN	<input type="checkbox"/>	FEB	<input type="checkbox"/>	MAR	<input type="checkbox"/>	APR	<input type="checkbox"/>	MAY	<input type="checkbox"/>	JUN	<input type="checkbox"/>																
JUL	<input type="checkbox"/>	AUG	<input type="checkbox"/>	SEP	<input type="checkbox"/>	OCT	<input type="checkbox"/>	NOV	<input type="checkbox"/>	DEC	<input type="checkbox"/>																
In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.																											
Signature:		Title:	Date: Calendar Year:																								

Check the appropriate license type from the list below. This is your license fee.

License Type	Code	Fee
<input type="checkbox"/> No fee license (K-12 schools, non-profits)	1000	\$0.00
<input type="checkbox"/> Limited food service (convenience, other)	2000	\$270.00
<input type="checkbox"/> Restaurant (0–100 seats)	3000	\$385.00
<input type="checkbox"/> Restaurant (101–200 seats)	3100	\$430.00
<input type="checkbox"/> Restaurant (> 200 seats)	3200	\$465.00
<input type="checkbox"/> Grocery store (0–15,000 sq.ft.)	4000	\$195.00
<input type="checkbox"/> Grocery store (> 15,000 sq.ft.)	4150	\$353.00
<input type="checkbox"/> Grocery store w/ deli (0–15,000 sq.ft.)	5000	\$375.00
<input type="checkbox"/> Grocery store w/ deli (> 15,000 sq.ft.)	5150	\$715.00
<input type="checkbox"/> Mobile unit (prepackaged)	6200	\$270.00
<input type="checkbox"/> Mobile unit (full food service)	6300	\$385.00
<input type="checkbox"/> Oil & Gas Temporary	7000	\$855.00
<input type="checkbox"/> Temp Event Retail Food (full service)	8000	\$255.00
<input type="checkbox"/> Temp Event Retail Food (pre-packaged)	8100	\$115.00

Total Due: \$