



# Mobile Food Establishment Plan Review

Las Animas-Huerfano Counties District Health Department:

412 Benedicta Avenue  
Trinidad, CO 81082 (719) 846-2213

119 E. 5<sup>th</sup> Street  
Walsenburg, CO 81089 (719) 738-2650

## CHECKLIST

The following are REQUIRED to complete your review:

- A. \$100 Application fee
- B. A brief written description of the scope of work. Describe your mobile operation
- C. Provide proposed menu
- D. Provide drawings and/or photos of the mobile unit. If photos are provided, ensure that photos are taken inside and outside the mobile unit including pictures of water tanks, water inlets/outlets, water heaters, hand sinks, refrigerators, and any equipment used to prepare food.
- E. Provide equipment specification sheets. These must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- F. Provide completed Retail Food Establishment License Application.
- G. Provide Completed Plan Review Packet (Attached).

Within fourteen (14) working days of the receipt of the above information, you will receive a response from our offices.

**Note:** Additional Fees - Plan review fees, separate from the application fee, will be due at the time of the licensing. Fees charged will not exceed \$580.00 and are set at an hourly rate. Review of the plans include consultations in the office or by phone, and any preoperational inspections necessary to open the mobile unit.

**Application Date:** \_\_\_\_\_



Date: \_\_\_\_\_

Record # \_\_\_\_\_

Do Not Write in This Space  
For Office Use Only

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

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Name of Establishment:			
Location Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	
Name of Owner/Manager:			Phone: (     )
DBA:			Email:
Type of Ownership: (As indicated on your Colorado Business/State Sales Tax Registration) <input type="checkbox"/> Individual <i>(If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification)</i> <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Association <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Non-profit 501(c)(3) <i>(please enclose copy of IRS letter of exemption)</i> <input type="checkbox"/> Other Non-profit			
NOTICE TO APPLICANT: The type of review requested and associated application fee required is indicated in Section A below. If an application fee is required, please make check payable to the Colorado Department of Public Health & Environment and mail the completed application and check to the address above. Fees for the actual review are explained on the next page.			
Name & Title of Applicant (Please Print): _____		Signature of Applicant: _____	

**SECTION A – THIS SECTION TO BE COMPLETED BY INSPECTOR**

	REVIEW TYPE	APPLICATION FEE
<input type="checkbox"/>	Plan Review (PR)	\$100.00
<input type="checkbox"/>	Equipment Product Review (ER)	\$100.00

# MOBILE UNIT PLAN REVIEW FORM

## ESTABLISHMENT INFORMATION

Name of Mobile Unit:		Phone:
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart <input type="checkbox"/> Prepackaged Only <sup>1</sup>		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website:		

## OWNERSHIP INFORMATION (proprietary rights per C.R.S. 25-1605)

Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

## CONTACT INFORMATION ( CHECK IF SAME AS ABOVE )

Name of Primary Contact:		Phone:
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	

## LICENSING INFORMATION

Has your mobile unit been previously licensed?	Sales Tax #	
If YES, provide the following information	Year:	State & County where licensed:
If NO, is the construction of the mobile unit complete?		
Days and Hours of Operation Insert hours in the following format: 8am to 8pm		
Days:		
Hours:		
Seasonal: Yes <input type="checkbox"/> No <input type="checkbox"/> List months of operations:		
Projected maximum number of meals to be served.		
Number of meals per week:		

<sup>1</sup> **Prepackaged Only:** For operations that offer prepackaged foods only, please complete page 1, provide a menu, and contact your Local Public Health Agency.

## Provide information on how people can find your mobile unit.

Facebook:	Twitter:	Mobile App:
Food Truck Row Location:		
Location used most frequently:		

## MENU AND FOOD HANDLING PROCEDURES

- A. Submit a complete menu.
- B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

FOOD HANDLING PROCEDURES				
Procedure	Y	N	If yes, indicate where procedure will take place	
			Commissary	Mobile
Will food be held cold?				
Will food be held hot?				
Will produce need to be washed?				
Will food be cooled after cooking?				
Will food be reheated after cooling?				
Will food that is frozen need to be thawed?				
Will food be cooked? (example: raw meat)				
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?				
Will foods be prepared that will be sold to other establishments?				
Will catering be conducted?				

**\*\* 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 personal home.\*\***

### Food Handling Procedure Descriptions

#### Complete Applicable Sections

- A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

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In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

- Under refrigeration
- Rapid Cooling equipment
- Ice water bath
- Shallow Pans
- Adding ice as an ingredient
- Separating food into smaller portions

Other: \_\_\_\_\_

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

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List the equipment that will be used for reheating:

- Stove    Microwave    Other: \_\_\_\_\_

C. Describe how frozen foods will be thawed.

- Under refrigeration                       Under running water               In a microwave  
 As part of cooking process               Other: \_\_\_\_\_

Cl. Describe where personal items will be stored.

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E. Describe where chemicals used for operation will be stored.

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F. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.

- Gloves    Utensils    Deli Tissue    Other: \_\_\_\_\_

G. Are there any refrigeration units that will only be used to cold-hold individual servings of pre-packaged foods for immediate customer service?

# PHYSICAL FACILITIES

FINISH SCHEDULE						
<b>INSTRUCTIONS:</b> Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4” plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
Stainless <i>Example</i>	Smooth <i>Example</i>	Rubber Cove <i>Example</i>	FRP <i>Example</i>	Smooth <i>Example</i>	Stainless <i>Example</i>	Smooth <i>Example</i>

**Windows and Doors:** To prevent the entry of pests, outer openings must be protected. Are windows and doors screened? \_\_\_\_\_ Unit is a push cart? \_\_\_\_\_

If no, please describe how the unit will be protected from pest entry:

\_\_\_\_\_

Are service windows self-closing? \_\_\_\_\_ Unit is a push cart \_\_\_\_\_

If no, please describe how the unit will be protected from pest entry:

\_\_\_\_\_

**Ventilation:** *If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood may be required.*

If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer’s recommended exhaust listings in cubic feet per minute (CFM)s.

VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

**\*\*Please note:** Fire suppression systems may be required in certain jurisdictions. Please contact your local fire department. For more information on fire safety in mobile units please visit this link:

<https://www.nfpa.org/-/media/Files/Public-Education/By-topic/Food-trucks/FoodTruckFactSheet.pdf>

REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

HOT HOLDING UNITS		
TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Steam Tables		
Hot Box		
Cook & Hold Units		
Other hot holding storage:		

**UTENSILS AND WAREWASHING**

A. Where will utensil washing take place? (Check all that apply)

- Commissary
- Mobile Unit

If utensil/equipment washing will take place on the mobile unit, provide specifications for the compartment sink in Table below.

MANUAL WAREWASHING				
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS OF (inches) SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	

**\*\*Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.\*\***

**WATER SYSTEMS:**

- A. Provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan. Materials used in the construction of a mobile water tank and accessories shall be safe, durable, corrosion resistant, and finished to have a smooth easily cleanable surface. A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after construction, repair, modification, and periods of non-use. 5-304.11

**B. Hot Water**

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)

- Water Heater
- Instantaneous water heater
- Other (specify): \_\_\_\_\_

2. If a water heater is installed, complete the table below:

WATER HEATER			
Make	Model #	KW/BTU Rating	Tank Capacity

**C. Water Supply Information**

1. Provide location where water will be obtained below.

\_\_\_\_\_

Business Name                      Street Address                      City                      State/Zip

2. Provide total capacity of all potable water supply tanks (in gallons) below.

\_\_\_\_\_

3. Provide the maximum number of hours operating between filling water supply tank/s.

\_\_\_\_\_

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

- 3-compartment sink
- Hand sink (Indicate number of sinks): \_\_\_\_\_
- Food preparation sink
- Pre-rinse sprayer
- Utensil soak sink
- Mop sink
- Dish Machine
- Toilet
- Other (specify): \_\_\_\_\_



**D. Wastewater Tank/Disposal Information**

1. Provide location where wastewater will be disposed of below.

Business Name	Street Address	City	State/Zip
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2. Provide wastewater tank capacity (in gallons) below.

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**NOTE: The wastewater tank must be at least 15% larger than water supply tank.**

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- Drinking water inlet above waste outlet
- Different colored or sized hoses
- Different colored or sized removable tanks
- Different threads on inlet and outlet
- Other (specify): \_\_\_\_\_

Be Advised: Take necessary steps to winterize the mobile unit by insulating pipes (chemical additives are not allowed). Temperatures in Colorado frequently drop below 32° F and may cause water tanks and hoses to freeze resulting in damage to the system. Ensure pipes, water heater, and storage tanks in your unit are completely drained during cold weather months. Without water you cannot operate your mobile unit.

**6-402.11** Toilet rooms shall be conveniently located and accessible to employees during all hours of operation.

**Plan Review (PR):**

The fee for filing an application for a plan review is \$100.00, and must accompany the application (when required). The application filing fee does not include the cost of plan review activities. An invoice for the actual time spent on review activities will be sent to you at a later date and will not exceed \$580.00.00 [(CRS 25-4- 1607(2))]. There will be a delay in reviewing your plan review if either the application fee or the application form are not submitted with the plans

# 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.
- Ware washing.
- Filling water tanks
- Dumping wastewater
- 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

Commissary Start Date \_\_\_\_\_ Commissary End Date \_\_\_\_\_

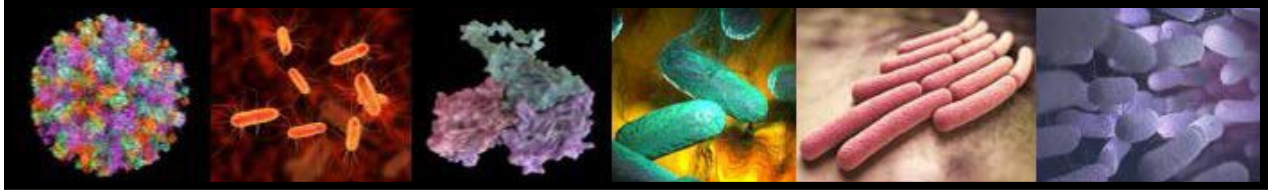
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Commissary Owner/Operator)

Commissary Contact phone number: \_\_\_\_\_

Commissary Email address: \_\_\_\_\_

\*\*\*\*\*

*This Commissary Agreement is valid until the end date*



**FORM 1-B Conditional Employee or Food Employee Reporting Agreement**

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., or Shiga toxin-producing Escherichia coli (STEC), nontyphoidal Salmonella or Hepatitis A Virus

**The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.**

I AGREE TO REPORT TO THE PERSON IN CHARGE:

**Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist , an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

**Future Medical Diagnosis:**

Whenever diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp. infection), Escherichia coli O157:H7 or other STEC infection, nontyphoidal Salmonella or hepatitis A (hepatitis A virus infection)

**Future Exposure to Foodborne Pathogens:**

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

**Conditional Employee Name (please print)** \_\_\_\_\_

**Signature of Conditional Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Food Employee Name (please print)** \_\_\_\_\_

**Signature of Food Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Permit Holder or Representative** \_\_\_\_\_ **Date** \_\_\_\_\_





Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

# Retail Food Establishment License Application

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

Ownership type:

Individual  Corporation (LLC, LLP, S-Corp, etc.)  Non-profit (includes government)\*\*  Other

Full legal name of owner, corporation, or non-profit:

Trade name (DBA): \_\_\_\_\_ Contact name (on site): \_\_\_\_\_

Email: \_\_\_\_\_ Business phone number (on site): \_\_\_\_\_

Physical address of business: \_\_\_\_\_ City: \_\_\_\_\_ State: **Select** Zip: \_\_\_\_\_

County where business is located: \_\_\_\_\_ Owner Primary phone number: \_\_\_\_\_ Owner Secondary phone number: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: **Select** Zip: \_\_\_\_\_

Date you started the business:  Seasonal Operation Please indicate the months, days, and hours you are operating:  
 Year-round Operation

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: \_\_\_\_\_

Following are the applicable license fee categories for your reference.

License Type	Code	Fee
Restaurant (0-100 seats)**	3000	\$385.00
Restaurant (101-200 seats)**	3100	\$430.00
Restaurant (>200 seats)**	3200	\$465.00
Limited Food Service**	2000	\$270.00
Mobile Unit (limited/prepackaged TCS)**	6200	\$270.00 Mobile
Unit (full food service)**	6300	\$385.00
Grocery Store (0-15,000 sq ft)**	4000	\$195.00
Grocery Store (>15,000 sq ft)**	4150	\$353.00
Grocery Store w/ Deli (0-15,000 sq ft)**	5000	\$375.00 Grocery
Store w/ Deli (>15,000 sq ft)**	5150	\$715.00

License Type	Code	Fee
School Cafeteria	1000	\$0.00
Correctional Facility Kitchen	1000	\$0.00
Health Care Restaurant (0-100 seats)**	3000	\$385.00
Health Care Restaurant (101-200 seats)**	3100	\$430.00
Health Care Restaurant (>200 seats)**	3200	\$465.00
Child Care Kitchen (0-100 seats)**	3000	\$385.00
Child Care Kitchen (101-200 seats)**	3100	\$430.00
Child Care Kitchen (>200 seats)**	3200	\$465.00
Oil & Gas Temporary	7000	\$850.00
Special Event**	8000	Set locally

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