



**Las Animas | Huerfano Counties**  
**DISTRICT HEALTH DEPARTMENT**

*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

## Temporary Event Vendor Application

**ALL VENDORS** please submit this application to the Las Animas-Huerfano Counties District Health Department **prior** to your first event in this county. *The application must be submitted **10 days prior to any event** you intend to participate in.* **VENDORS NOT LICENSED IN COLORADO** please submit \$155 plan review fee with your application to begin the licensing process.

**Please complete the following information:**

Retail Food Establishment Name		Legal Owner's Name	
Establishment Address (Street Address and P.O. Box)			
City	State	Zip Code	
Contact Name	Contact Number		
E-mail	Which county issued your license?		

**All vendors shall always have their Colorado Retail Food Establishment license on premises and submit a copy with this application.**

**Are you: (Check one)**

Unlicensed (Submit with \$155 plan review fee and the appropriate license fee) \_\_\_\_\_

Licensed Temporary Retail Food Establishment \_\_\_\_\_

Licensed Mobile Unit \_\_\_\_\_

Cottage Food Vendor \_\_\_\_\_

**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.**

Event name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMISSARY:

All special event vendors are required to have a local commissary within 30 minutes or 30 miles of your event in the county you are operating in. 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 Las Animas Huerfano Counties, please provide the reasoning in writing.

Name and location of Las Animas-Huerfano-Custer County commissary:

\*Please complete the Commissary Agreement on page 6 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.

Food	Thaw		Cut/ Assembl e		Cook/ Bake		Cool		Rehea t		Cold Holding		Hot Holding	
	C	E	C	E	C	E	C	E	C	E	C	E	C	E
Example: Chili	√		√		√		√		√					√
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

COTTAGE FOOD ITEMS PROPOSED:

1. 2. 3. 4. 5.

ALL COTTAGE FOOD ITEMS MUST BE LABELED WITH THE FOLLOWING VERBIAGE:

"This product was produced in a home kitchen that is not subject to state licensure or inspection and that may also process common food allergens such as tree nuts, peanuts, eggs, soy, sesame, wheat, milk, fish, and crustacean shellfish. This product is not intended for resale."

FOOD HANDLING AT THE COMMISSARY:

Cooling

How food will 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 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 handwashing 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 handwashing:

- 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 the required hand-washing set-up.**

## POTABLE AND WASTEWATER:

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 of?

- ☐ Commissary
- ☐ Approved on-site receptacle at event
- ☐ Other \_\_\_\_\_

**Wastewater CANNOT be dumped on the ground or into storm drains. Water must be placed in an 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)

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Grill                 | <input type="checkbox"/> Hot plate  |
| <input type="checkbox"/> Deep fat fryer        | <input type="checkbox"/> Oven/Stove |
| <input type="checkbox"/> Microwave             | <input type="checkbox"/> Smoker     |
| <input type="checkbox"/> 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)**

- |   |   |
|---|---|
| <input type="checkbox"/> Steam table                      | <input type="checkbox"/> Held on grill until served |
| <input type="checkbox"/> Served immediately after cooking | <input type="checkbox"/> 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 food 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 you provide a three compartment sink in your mobile unit or booth, please indicate dimensions below:**

(If bays are different sizes please specify below):

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 kit/strips are required 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:

- |  |  |
|--|--|
| <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"/> Garbage containers                |
| <input type="checkbox"/> Customer service area           | <input type="checkbox"/> 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  
[rsykes@la-h-health.org](mailto:rsykes@la-h-health.org) or [achavez@la-h-health.org](mailto:achavez@la-h-health.org)

**Commissary Agreement  
for Temporary Retail Food Operation or Mobile Unit**

\_\_\_\_\_  
Date

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Owner/ Operator of Commissary) (Establishment Name)

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

\_\_\_\_ Dishwashing  
\_\_\_\_ Filling water tanks  
\_\_\_\_ Disposal of wastewater  
\_\_\_\_ Storage of foods  
\_\_\_\_ Other (list below)

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 compartment sink \_\_\_\_\_

Commercial dishwasher \_\_\_\_\_ 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.**