



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. 5th 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 \$100 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 \$100 plan review fee and \$385 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.

C = Commissary/Commercial Kitchen E = Event

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)

- 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 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 or 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:

- | | |
|---|---|
| <input type="checkbox"/> Preparation of foods such as vegetables, fruits,
meats, cooking, cooling and reheating. | <input type="checkbox"/> Dishwashing |
| <input type="checkbox"/> Storage of dry goods and paper goods | <input type="checkbox"/> Filling water tanks |
| <input type="checkbox"/> Storage, service and cleaning of equipment | <input type="checkbox"/> Disposal of wastewater |
| <input type="checkbox"/> Storage of hot and cold holding equipment | <input type="checkbox"/> Storage of foods |
| | <input type="checkbox"/> 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.