700 Columbine St., Sterling, CO 80751
(970) 522-3741 – (877) 795-0646
www.nchd.org

Protecting Health; Inspiring Prevention

CHECKLIST

The following are REQUIRED to complete your Plan Review:

- ☐ A. $155 application fee
- ☐ B. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus).
- ☐ C. Equipment Specifications: Sheets 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.
- ☐ D. Food Protection Manager Certification: Provide manager certification documentation (if applicable).
- ☐ E. Vomiting & Diarrheal Event Clean-Up Procedures. Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment.
- ☐ F. Employee illness policy, or utilize the written policy provided on the last pages of this plan review packet.
- ☐ G. Completed plan review packet (this document).

The fee for filing an application for a plan review is $155.00, and the filing fee does not include the cost of plan review activities. An invoice for the actual time spent on the review will be sent to you at a later date and will not exceed $900.00.00 [(CRS 25-4-1607(2)].

There will be a delay in reviewing your plan review if either the application fee or a fully completed application form are not submitted with the plans.

Please make check payable to: NCHD

Mail the completed application and check to:
Northeast Colorado Health Department
700 Columbine Street
Sterling, CO 80751

CATERING PLAN REVIEW & PERMIT APPLICATION

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

ESTABLISHMENT PHYSICAL LOCATION DETAILS		
Name of Establishment (DBA):		
Location Street Address:		
City:	State:	Zip:
County:		
Facility Phone:	Facility Email:	
Facility Website:		
LEGAL OWNERSHIP DETAILS		
Legal Ownership Type: ☐ Corporation/LLC ☐ Partnership ☐ Individual (Sole Proprietor) ☐ Non-Profit ☐ Government		
Legal Owner Name (either Legal Organization Name **or** Individual (Sole Proprietor) First and Last Name) :		
Owner Mailing Address:		
Owner Mailing Attention Line:		
City:	State:	Zip:
Owner Primary Phone:	Owner Primary Email:	
Owner Secondary Phone:	Owner Secondary Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
CONTACT DETAILS DURING PLAN REVIEW PROCESS		
Primary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
Architect Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
Contractor Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	

PLAN REVIEW DETAILS	
Application Date:	Expected Construction Start Date:
Expected Opening Date:	
Number of Seats Indoors:	Number of Seats Outdoors:
Days of Operation:	
Hours of Operation:	
Seasonal: YES ☐ NO ☐	Months of Operation:

CHOOSE ONE:

- ☐ Newly Constructed
- ☐ Extensively Remodeled (currently licensed)
- ☐ Conversion of an existing structure

LICENSE TYPE (SELECT ONE):

☐ Restaurant (0-100 seats)*	$481	☐ Grocery Store (0-15,000 sq ft)*	$244
☐ Restaurant (101-200 seats)*	$538	☐ Grocery Store (>15,000 sq ft)*	$441
☐ Restaurant (>200 seats)*	$581	☐ Grocery w/ Deli (0-15,000 sq ft)*	$469
☐ Limited Food Service*	$338	☐ Grocery w/ Deli (>15,000 sq ft)*	$894
☐ Mobile Unit (limited/prepackaged TCS)*	$338	☐ Health Care Restaurant (0-100 seats)*	$481
☐ Mobile Unit (full service food)*	$481	☐ Health Care Restaurant (101-200 seats)*	$538
☐ School Cafeteria	$0	☐ Health Care Restaurant (>200 seats)*	$581
☐ Special Event*	Set locally	☐ Correctional Facility	$0
		☐ Oil & Gas Temporary	$1,063

Updated license fees go into effect September 1, 2025. Please DO NOT send license payment at this time! Your license fee, and any associated service fees, will be paid at a later date upon the completion of your plan review and your opening inspection.

For the purposes of this form, the Northeast Colorado Health Department accepts your typed name, title and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per Section 18-8-306, C.R.S., it is a felony to submit false information to a state official.

Name & Title of Applicant (Please Print)

Signature of Applicant

*To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.

Type of Retail Food Establishment (check all that apply)

☐	Full Service Restaurant	☐	Bar
☐	Fast Food	☐	Coffee Shop
☐	Market (Grocery)	☐	School Food Program
☐	Deli	☐	Catering Operation
☐	Fish Market	☐	Concession
☐	Meat Market	☐	Manufacturer with Retail Sales
☐	Convenience Store	☐	Other:
Projected maximum number of meals to be served.			
Number of meals per week:			

Have plans for this establishment been submitted to the local building department? ☐ Yes ☐ No

If yes, name of local building department:

Food Handling Procedures

If Standard Operating Procedures (SOP's) are available, please submit with plans.

Procedures	Yes	No
Will foods be held cold?	☐	☐
Will foods be held hot?	☐	☐
Will produce be washed?	☐	☐
Will foods be cooled after cooking?	☐	☐
Will foods be reheated after cooling?	☐	☐
Will frozen foods be thawed?	☐	☐
Will foods (raw meats, for example) be cooked?	☐	☐
Will raw or undercooked animal foods be served? (Sushi, breakfast eggs, or cooked-to-order meat, etc.)	☐	☐
Will foods be sold to other retail food establishments?	☐	☐
Will catering be conducted?	☐	☐
Will you have a salad bar or buffet?	☐	☐
Will bulk food items (candy, trail mix, etc.) be sold to the public?	☐	☐

Food Handling Procedure Descriptions

Complete Applicable Sections

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

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
- ☐ Ice water bath
- ☐ Adding ice as an ingredient
- ☐ Rapid cooling equipment
- ☐ Shallow pans
- ☐ Separating food into smaller portions
- ☐ Other

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

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 a cooking process
- ☐ Other

D. Describe where personal items will be stored.

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

F. How will bare hand contact with ready to eat foods be prevented during preparation?

- ☐ Gloves
- ☐ Utensils
- ☐ Deli Tissue
- ☐ Other:

G. Food will primarily be served on:

- ☐ Multi-use Tableware
- ☐ Single-service Tableware
- ☐ Both

Caterers - Supplemental Questions

A. Submit Menu. Include appetizers, entrees, lunches, dinners, sides, salads and beverages. If you do not have set menu, please provide general items that you may serve in each of these categories.

B. Please describe how the temperature of potentially hazardous foods will be monitored, including frequency of temperature checks, and what foods and/or equipment will be monitored. Please attach copies of logs that will be used to help manage proper food temperatures.

C. List the foods that will be prepared more than 12 hours in advance of service. Include foods that are made from scratch such as soups, sauces, potato salad, pasta salads, chili, pasta noodles, roasts, casseroles, etc.

D. Will cooked foods be cooled to 41ºF (5ºC) or below? ☐YES ☐NO If yes, please explain how they will be cooled.

Indicate the size of and the material of the containers in which food will be placed during cooling.

Are foods covered during the cooling process? ☐YES ☐NO

Please describe how cooling processes are going to be monitored.

E. Will potentially hazardous foods be reheated and then held hot before being served?
☐ YES ☐ NO If yes, please explain how they will be reheated to above 165ºF (74ºC):
List the equipment that will be used for reheating.

Please describe how reheating processes are going to be monitored.

Please list the foods that are to be held hot at or above 135ºF (57ºC).

F. Describe how frozen foods will be thawed. In a refrigerator, under running water, cooking process, or microwave?

☐ G. Attach copies of policies or describe procedures that will be used to exclude or restrict workers who are ill. The policies or procedures need to describe when ill workers will be excluded or restricted due to illness or infection, need to outline when exclusions and restrictions are to be lifted and the controls that will be implemented when workers return to work.

☐ H. Attach copies of policies or describe procedures that will be used to address restrictions and management of workers that have cuts, burns or other open sores on their hands and arms.

☐ I. Attach copies of policies or describe procedures that will be used to prevent bare hand contact with ready-to-eat foods.

J. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerator(s) and freezer(s) with cooked, ready-to-eat foods? ☐YES ☐NO If yes, please indicate on the floor plans which refrigerator(s) and freezer(s) will be used for this storage.

K. Please list the equipment that will be provided to maintain food at proper temperatures during transport.

L. Will the produce used in the operation be washed in the establishment, or will all produce be received pre-washed?

M. Will vacuum packaging or reduced atmospheric packaging be conducted in the establishment? ☐YES ☐NO If yes, please provide specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner.

N. Please describe where raw ingredients and finished product will be stored at the commissary, and how your food products will be marked?

O. Are there SOPs, a Hazard Analysis Critical Control Point (HACCP) plan, or a Food Handling Procedure Manual available that describes preparation, cooling, reheating,cooking of foods and the handling of leftovers? ☐YES ☐NO If yes, please submit with plans.

P. If all foods are not consumed at the catered event do you keep the foods or are they left with the person/group that purchased the meals?

Q. What is the greatest number of people you will serve?___

R. How many employees will you have?___ If employing temporary staff for larger events, how are those staff members to be trained as it relates to food safety?

COMMISSARY AGREEMENT

Date: _____

I, _____ of _____,
(Commissary Owner/Manager Name) (Facility/Commissary Name)

located at _____
(Address of Facility/Commissary)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

☐	Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, and reheating	☐	Storage of foods, single service items, and cleaning agents
☐	Ware washing	☐	Service and cleaning of the equipment
☐	Filling water tanks	☐	Dumping waste water
☐	Other (list here):		

- 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 Use Log will be maintained in the following location: _____

_____

_____ _____
Commissary Owner/Operator Phone Number

<u>This Commissary Agreement is valid for the current calendar year only and is non-transferrable.</u>

Variance Requirement

If your operation includes any of the following specialized processing methods, you must obtain variance from the Colorado Department of Public Health & Environment:
(Check all boxes that apply)

A. ☐ Smoking food as a method of preservation rather than as a method of flavor enhancement

B. ☐ Curing food

C. ☐ Using food additives or adding components such as vinegar:

   a. As a method of food preservation rather than as a method of flavor enhancement, or

   b. To render the food so that it is not time/temperature control of safety food

D. ☐ Packaging TCS Food using a reduced oxygen environment

E. ☐ Operating a molluscan shellfish life support system display tank

F. ☐ Custom processing of animals that are for personal use as food

G. ☐ Sprouting seeds or beans

HACCP Requirement

If your operation includes any of the following procedures, you will need a HACCP plan that meets the requirements of 3-502.12.

(Check all boxes that apply to your operation)

H. ☐ Vacuum Packaging

I. ☐ Sous Vide

J. ☐ Cook-Chill

The following pages are provided as guidance and a template for an employee illness policy. Adopting the following procedures at your establishment will help you provide a safe and healthy work environment for your employees.

If you would like a copy of these documents in another language, please visit:

https://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatoryassistanceandtrainingresources/ucm113827.htm#forms

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 _____

Northeast Colorado Health Department

Office USE ONLY
Date Received: _____
Check #: _____
Amount: _____

Retail Food Establishment License Application

Effective Date, September 1, 2025

Incomplete applications will not be processed.

Ownership type:

☐ Individual / Sole Proprietorship ☐ 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:	Zip:
County where business is located:	Owner Primary phone number:	Owner Secondary phone number:	
Mailing address (if different from above):	City:	State:	Zip:

Date you started the business:

☐ Seasonal Operation ☐ Year-round Operation

Please indicate the months, days, and hours you are operating:

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:

Based on operation, license type and fee will be determined by program staff from the list below.

License Type	Fee
Restaurant (0-100 seats)**	$481.00
Restaurant (101-200 seats)**	$538.00
Restaurant (>200 seats)**	$581.00
Limited Food Service**	$338.00
Mobile Unit (limited/prepackaged TCS)**	$338.00
Mobile Unit (full food service)**	$481.00
Grocery Store (0-15,000 sq ft)**	$244.00
Grocery Store (>15,000 sq ft)**	$441.00
Grocery Store w/ Deli (0-15,000 sq ft)**	$469.00
Grocery Store w/ Deli (>15,000 sq ft)**	$894.00

License Type	Fee
School Cafeteria	$0.00
Correctional Facility Kitchen	$0.00
Health Care Restaurant (0-100 seats)**	$481.00
Health Care Restaurant (101-200 seats)**	$538.00
Health Care Restaurant (>200 seats)**	$581.00
Oil & Gas Temporary	$1,1063.00
Special Event**	Set locally

These new license fees go into effect September 1, 2025.
You will be invoiced for your license fee at a later date upon completion of your plan review.

**To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.

Northeast Colorado Health Department

700 Columbine St., Sterling, CO 80751 - (970) 522-3741 – (877) 795-0646 - www.nchd.org

RETAIL FOOD ESTABLISHMENT INFORMATION FORM

Establishment Name _____

Reason for Application: ☐ New Establishment

☐ Change of Ownership Date Ownership Changed _____

- Has the facility been closed longer than 1 year? ☐ Yes ☐ No
- Has the menu changed? ☐ Yes ☐ No
- Has equipment changed? ☐ Yes ☐ No
- Has the layout of kitchen changed? ☐ Yes ☐ No

Establishment Address (No PO Boxes) _____ City _____ State ____ Zip _____

Do you want your mail to go to the Establishment Address: Yes / No *If no, please provide a mailing address below.

Mailing Address (for renewals) _____ City _____ State ____ Zip _____

Full Legal Name of Owner (LLC, Corp, Non-profit, or Sole Proprietor) _____

Facility Phone Number (___) _____ Facility Fax Number (___) _____

Owner's Phone Number (___) _____ Owner's Cell Phone/Secondary Number (___) _____

Website Address _____

Facility Email Address _____

Owner Email Address _____

Days Establishment will be open _____ Hours of Operation _____

Colorado Department of Revenue Sales Tax License Number _____

Facility Contact Name _____ Title _____

Certified Food Protection Manager (if applicable) _____ Certification Number _____

Certification Company _____ Certificate Expiration Date _____

Owner Operator Signature _____ Date _____

For Internal Use Only:	$155 Plan Review Fee Collected? Yes/No Date Collected: _____ Check #_____ CASH Credit/Debit Card Plan Review Time: _____ Travel Time from Nearest Office: _____ Inspection Time: _____ License Fee Amount: _____ Service Fee Amount: _____ Total Collected: _____ Check #_____ CASH Credit/Debit Card
Risk Factor: 5 10 15 20	Sewage Disposal: Municipal / Commissary Water Supply: Community / Approved Non-Community
Commissary Agreement Required? Yes / No	Commissary Agreement Obtained? Yes / No