Northeast Colorado Health Department

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. A brief written description of the scope of work and what changes/construction will occur.
- ☐ C. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus).
- ☐ D. Drawings/schedules (please note that not all may be required based on scope of work):
  1. Site plan: showing location of business in building, location of building on site, and location of any outside equipment.
  2. Floor plan: show location of equipment, plumbing, and location of ventilation hood. Please identify any garage doors and outer openings.
  3. Plumbing plan: show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, hose bibs and hose reels, laundry facilities etc.
  4. Electrical Plan: show locations and specifications of lights.
- ☐ E. 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.
- ☐ F. Food Protection Manager Certification: Provide manager certification documentation.
- ☐ G. Employee illness policy, or utilize the written policy provided on the last pages of this plan review packet.
- ☐ H. 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

RETAIL FOOD ESTABLISHMENT 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:

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile 4" plastic coved molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR WALL Junctures	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				
Identify the finishes of cabinets, countertops, and shelving:				

Equipment Installation Table

Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.).

If equipment schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found.

Equipment Installation Table **Used Equipment may require visual inspection for pre-approval**			
ID# on Plans/ Drawings	Equipment	Make/Model	Check box if utilizing previously used equipment
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID# on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment warewashing sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Other:	
	Other:	
	Other:	

Note:

- Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100-mesh screen and may require a drain.
- Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher rinsers.
- Indirect drainage is required for all warewashing (3-compartment and dish machines) food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.
- Items may not drain into buckets.

Plumbing - Sink Sizes

Manual Warewashing Information: All food establishments that prepare or package food must have facilities for cleaning and sanitizing food contact surfaces. Cleaning facilities can be either three-compartment sinks or mechanical dish machines. Please note: You must have an alternative wash/rinse/sanitize procedure should your mechanical system fail.

Include the size of each compartment *(length x width x depth)* of the warewashing sinks, soiled and clean drainboard lengths, and if a pre-rinse spray hose will be installed for each warewashing area, including bars.

Manual Warewashing Information				
ID# on Plans	Length (inches) of soiled drainboard	Dimensions (inches) of Sink Compartments **(LxWxD)**	Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No
		x x		
		x x		
		x x		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Mechanical Warewashing Information, if a machine is provided:
Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

If heat sanitizing on a dish machine, is a separate booster heater provided? ☐ **YES** ☐ **NO**
If yes, complete Table 3 on next page.

Mechanical Warewashing Information						
Make	Model#	Select one: Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-rinse Yes/No	**Utensil Soak Sink Dimensions (inches) (LxWxD)**	Water Usage (GPH)
					x x	
					x x	

Water Heater Information

Provide the following water heater information in Tables 1, 2, and 3 as applicable. Attach specification sheets.

Note: If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

Table 1

Standard Tank Type Heater		
Make	**Model#**	**kW/BTU Rating**

Table 2

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	**Model#**	**BTU Rating**	**Flow Rate (GPM) at 80°F or 100°F rise**	**Storage Tank Capacity (Gallons), if applicable**

NOTE: Alternative information may be needed. For instantaneous/tankless systems, approval of system may require further review.

Table 3 (if applicable)

Booster Heater Information Dish Machines			
Make	**Model#**	**kW/BTU Rating**	**Distance from machine (feet)**

Water Supply and Sewage

Water Supply

Select the type of water supply system that services the establishment

☐ Community/Public- Name of district:

☐ Non-Community- Public Water System ID Number (PWSID):

☐ Private - ** If the retail food establishment does not meet the definition of a public water system in accordance with the *Colorado Primary Drinking Water Regulations* additional monitoring and sampling is required. For more information about the *Colorado Primary Drinking Water Regulations* please visit:

cdphe.colorado.gov/water-quality-control-commission-regulations

a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Private Drinking Water Supply Information

Private System Type: ☐ Well ☐ Surface water influence

Depth (feet)	
Method of Disinfection	
Filtration (if applicable)	

Sewage Disposal

Select the type of sewage disposal system that services the establishment.

☐ Municipal/Public - Name of district:

☐ On-site Waste Water Treatment System - Indicate location on site plan and attach a copy of the permits for the system.

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

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