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

Protecting Health; Inspiring Prevention

Mobile Food Establishment Plan Review

CHECKLIST

The following are REQUIRED to complete your review:

- ☐ A. $155 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).

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 for 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 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 will be 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.

PHYSICAL LOCATION DETAILS (Commissary)		
Name of Mobile Unit:		
Type of Unit: ☐ Mobile (Trailer/Food Catering Truck) ☐ Push cart ☐ Prepackaged Only[1]		
Street Address:		
City:	State:	Zip:
County:		
Phone:	Facility Email:	
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 ☐	
Secondary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	

1 – **Prepackaged Only:** For operations that offer prepackaged foods only, please complete page 1-3, provide a menu, and contact your Local Public Health Agency.

PLAN REVIEW DETAILS			
Application Date:			
Expected Opening Date:			
Has your mobile unit been previously licensed? ☐ Yes ☐ No		Sales Tax #	
If YES, provide the following information	Year:	State & County where licensed:	
If NO, is the construction of the mobile unit complete?			
Days of Operation:			
Hours of Operation:			
Seasonal: YES ☐ NO ☐		Months of Operation:	
Maximum number of projected meals per week:			

LOCATION DETAILS		
Facebook:	X:	Mobile App:
Food Truck Row Location:		
Location used most frequently:		

LICENSE TYPE (SELECT ONE):			
☐ Mobile Unit (limited/prepackaged TCS)*	$338	☐ Mobile Unit (full service food)*	$481
☐ Special Event*	Set locally		

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.

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.):

_____

_____

_____

_____

_____

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**_____.

Food Handling Procedure Descriptions

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. 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						
INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), 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 *Example*	*Smooth* *Example*	*Rubber Cove* *Example*	*FRP* *Example*	*Smooth* *Example*	*Stainless* *Example*	*Smooth* *Example*

Windows and Doors: To prevent the entry of pests, outer openings must be protected.

Are windows and doors screened? ☐ Yes ☐ No unit is a push cart? ☐ Yes ☐ No

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

_____

_____

Are service windows self-closing? ☐ Yes ☐ No unit is a push cart? ☐ Yes ☐ No

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 stovetop 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 in 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

2. Provide wastewater tank capacity (in gallons) below.

_____

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 threaded 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.

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
- ☐ Warewashing
- ☐ Filling water tanks
- ☐ Dumping waste water
- ☐ 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

Plan Review (PR):

The fee for filing an application for a plan review is $155.00, 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 $900.00 [(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.

Equipment Product Review (ER):

The fee for filing an application for an equipment or product review is $155.00. This fee must accompany the application. The application filing fee does not include the cost of the review activities. An invoice for the actual time spent on the review activities will be sent to you at a later date and will not exceed $775.00 [(CRS 25-4- 1607(3)].

HACCP Plan Review (HPR):

An application filing fee is not required for this review process. Upon completion of the operational review, an invoice for actual time spent will be generated. The invoice will not exceed $620.00. [(CRS 25-4-1607(4)].

Note: If a HACCP plan undergoes significant changes from the original approved plan, the second review may be required as a new plan review. A facility may be required to have separate HACCP plans for food preparation methods that deviate from more than one section of the regulation.

Real Estate (RE):

A $120 pre-paid fee is required with this application, but shall be applied to the actual cost of the services. Additional fees will be added upon completion of the review. An invoice for actual time spent on the review activities will be sent to you [(CRS 25-4-1607(5)].

Special Events (SE):

No application filing fee is required. Actual cost of services associated with the oversight of a special event will be billed when services are completed [(CRS 15-4-1607(6)].

Special Services (SS):

The fee for any other requested service that involves review activities and that are not specifically listed above are based on the actual cost of such service [(CRS 25-4-1607(7)].

Fee Exempt (EX):

Parochial, public and private schools, penal institutions, and charitable organizations (benevolent, nonprofit retail food establishments) are exempt from the fees associated with plan review activities.

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