



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

TEMPORARY FOOD EVENTS VENDOR LICENSE RENEWAL FORM

All vendors must complete and submit to NCHD for each event in NCHD's jurisdiction.
If no menu and no equipment change is occurring from one event to another, the completed original may be copied.
Please attach a copy of your current NCHD Temporary Event License or State of Colorado Mobile Unit License.

Note: If you are a non-profit please use the Non-Profit Vendor Application Form

Ownership type:				
<input type="checkbox"/> Individual		<input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.)		<input type="checkbox"/> Other (Non-Profits - Please Use the Non-Profit Form)
Full legal name of owner, corporation, or non-profit (as it appears on Sales Tax License)				
Temporary Event Booth Name:			Contact name (on site):	
Email:			CO Sales Tax Acct. No.	
Physical address of business:			City:	State: Zip:
County where business is located:		Phone number:	Other contact number (mobile, fax, etc.):	
Mailing address (if different from above):			City:	State: Zip:
Date you started the business:		<input type="checkbox"/> Seasonal? Mark each month you operate: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		
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 (6CCR 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 servicing food until such time as requirements are met.				
Signature:		Title:	Date:	Calendar Year:

Check the appropriate license type from the list below. This is your license fee.

License	Code	Fee
<input type="checkbox"/> One Day Event (Licensed Facility with NCHD)	8001	\$75.00
<input type="checkbox"/> One Day Event (Unlicensed Facility)	8004	\$135.00
<input type="checkbox"/> Multiple Day Event <14 Days (Licensed with NCHD)	8002	\$140.00
<input type="checkbox"/> Multiple Day Event <14 days (Unlicensed Facility)	8005	\$265.00
<input type="checkbox"/> Calendar Year Temp Event License (Licensed with NCHD)	8003	\$285.00
<input type="checkbox"/> Calendar Year Temp Event License (Unlicensed Facility)	8006	\$481.00
<input type="checkbox"/> Currently Licensed Mobile Unit (Attach license documentation, no fee required)		
Total Due:		

FOR HEALTH DEPARTMENT USE

☐ Licensed ☐ Needs a license

APPROVED: ☐ Yes ☐ No

EH Specialist Signature: _____

Date: _____

To pay by phone:

(970) 522-3741

NCHD accepts Visa, Mastercard, Discover
and American Express

To pay by check:

Northeast Colorado Health Department

700 Columbine Street
Sterling, CO 80751

Have questions?

Call: (970) 522-3741

Visit: www.nchd.org

Are you: (check all that apply)

- ☐ Unlicensed (I do not possess a Colorado Retail Food License for a mobile unit or a Retail Food License issued by the Northeast Colorado Health Department)
- ☐ Licensed (attach copy of current NCHD Retail Food License or Colorado issued Mobile Unit License)

Type of Set up: (check one)

- ☐ Mobile Unit or Pushcart ☐ Canopy/Booth ☐ Building
- ☐ Fully Self-Contained Mobile Unit (Adequate facilities including a handwashing sink, warewashing facilities, mop sink, mechanical refrigeration, accommodations for food preparation, storage of food (refrigerated and dry), equipment, utensils and other supplies, as well as any additional items required by the menu)
- ☐ Other (explain) _____

Reminder – Vendors operating for more than one (1) day must operate from an approved commissary within 30 minutes or 30 miles of the event.

COMMISSARY INFORMATION (include completed Commissary Agreement on page 7).

1. Name of establishment: _____
2. Address: _____
3. Contact person: _____
4. Phone number: _____

Hours of operation of the temporary food booth for this event:

Mon _____ Tue _____ Wed _____ Thu _____
Fri _____ Sat _____ Sun _____

How many people do you anticipate serving each day of the event? _____

Please list All EVENTS and DATES that you plan on participating in NCHD Counties:

[illegible]

MENU (Please attach additional sheet, as necessary)

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.)
Be sure to include items such as toppings and condiments.

Food and Drink Items	Location where obtained
Example: Hamburgers	Grocery Store A
Example: Onions	Sam's Club
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

BOOTH LAYOUT AND MAP

Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment. The map 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 | |

FOOD PREPARATION AT COMMISSARY

Preparation at Approved Facility or Commissary Before Event

Produce may not be chopped, sliced, or otherwise prepared at the event. Vendors are permitted to do an on-site cut of non-potentially hazardous whole produce items for a single order intended for immediate consumption provided that the produce is pre-washed at an approved commissary)

TRANSPORT

Please provide the distance that you will be transporting food to the event? _____

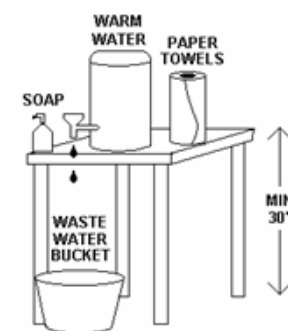
What equipment will you use to control temperatures during transport?

- ☐ Coolers with Ice
☐ Cambros for cold foods
☐ Cambros for hot foods
☐ Other (specify) _____

HANDWASHING AND FOOD HANDLING

A hand-washing station **WITHIN** each booth or unit is **REQUIRED** unless only prepackaged foods requiring no preparation and / or cooking are to be served. NOTE: Hand 'sanitizers' are **NOT** an acceptable substitute for required hand-washing set-up.

Waste water 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 event coordinator where this is located for each event.



Sanitizer is required within the booth. Test strips for sanitizer in use must be provided and be on-site



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:

<input type="checkbox"/>	Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, and reheating	<input type="checkbox"/>	Storage of foods, single service items, and cleaning agents
<input type="checkbox"/>	Ware washing	<input type="checkbox"/>	Service and cleaning of the equipment
<input type="checkbox"/>	Filling water tanks	<input type="checkbox"/>	Dumping waste water
<input type="checkbox"/>	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

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



STATEMENT OF VERIFICATION

Vendor Application to Operate at Temporary Food Events

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Northeast Colorado Health Department may nullify final approval. I also understand the following (Please initial next to all that apply):

- _____ 1. All pages of the packet and attached forms have been filled out completely.
- _____ 2. I have attached a copy of my Retail Food License for a Mobile Unit (**ONLY** Mobile Retail Food licenses issued from counties in the State of Colorado or the Colorado Department of Public Health and Environment accepted)
- _____ 3. I do not have a Temporary Event or Mobile Retail Food License and would like to purchase a license.
- _____ 4. I have completely filled out the Vendor Application for Temporary Events and have included payment for:

Check One	Type of License	Fee	Code
<input type="checkbox"/>	One Day Event (Licensed Facility with NCHD)	\$75.00	8001
<input type="checkbox"/>	One Day Event (Unlicensed Facility)	\$135.00	8004
<input type="checkbox"/>	Multiple Day Event <14 Days (Licensed with NCHD)	\$140.00	8002
<input type="checkbox"/>	Multiple Day Event <14 Days (Unlicensed Facility)	\$265.00	8005
<input type="checkbox"/>	Calendar Year Temp Event License (Licensed with NCHD)	\$285.00	8003
<input type="checkbox"/>	Calendar Year Temp Event License (Unlicensed Facility)	\$481.00	8006
<input type="checkbox"/>	Currently Licensed Mobile Unit	\$0.00	

- _____ 5. I have included a signed commissary agreement.
- _____ 6. I have included an accurate sketch or pictures of my layout.
- _____ 7. I understand that I must maintain the original copy of my Temporary event or Mobile Food License on-site or on-hand during the duration of each event.
- _____ 8. I understand that the Northeast Colorado Health Department has the right to revoke my approval for participation in the event at any time during the process or on-site inspection at the actual event.
- _____ 9. All paperwork **MUST** be returned no later than fourteen (14) days prior to event:

Northeast Colorado Health Department
700 Columbine Street
Sterling, CO 80751
Fax: (970) 522-1412

- _____ 10. I have read and agree to follow NCHD's Requirements for Temporary Retail Food Establishments.

Approval of these plans and specifications by the Northeast Colorado Health Department does **NOT** indicate compliance with any other code, law, or regulation. An inspection of the set-up with equipment in place and operational will be necessary to determine compliance with applicable regulations and the ability to operate at the event.

Signature of Applicant: _____ Date: _____

If you have any questions or concerns, please contact the Northeast Colorado Health Department at (970) 522-3741.