

# VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS



Food Safety Program • 101 West 9<sup>th</sup> Street, Pueblo CO, 81003 • Office: (719) 583-4307

**PLEASE RETURN PACKET TO:**

Email: [mallory.obrien@pueblocounty.us](mailto:mallory.obrien@pueblocounty.us) or Fax: (719) 583-9902

Please list All EVENTS and DATES that you plan on participating in PUEBLO COUNTY!

EVENT NAME (Attach additional sheet if needed)	EVENT DATE(S)



- All vendors **MUST** have the original Colorado Retail Food Establishment or Temporary Event License on site.
- Licensure does not mean event approval to operate; approval is based on application and inspection.
- Return pages 1-9 to the Pueblo City-County Health Department and keep page 10 for your use at the event.
- Vendors participating in the Colorado State Fair **MUST** fill out page 5.
- Events lasting longer than 3 days and chile roasters **MUST** have hot and cold water under pressure.

**Please complete all the following information:**

Temporary Retail Food Establishment Name		Legal Owner's Name	
Establishment Address (Street Address / P.O. Box)			
City		State	Zip Code
Telephone Number (    )		Fax Number (    )	
Contact Name		Contact Number (    )	
Which county issued your license?		E-mail	

**Are you:** (check one)

Unlicensed       Licensed (attach copy of license)       Non-Profit (attach copy of 501(c)(3))

**Type of License:** (check one)

Limited (Prepackaged or Low Risk Foods)       Full Service (Onsite Food Preparation, Medium Risk Foods)

**Type of Set up:** (check one)

Canopy/Booth       Pushcart or mobile unit       Fully self-contained mobile       Building

Other (explain) \_\_\_\_\_

<b>FOR HEALTH DEPARTMENT USE</b>			
<input type="checkbox"/> LICENSED	<input type="checkbox"/> NEEDS A LICENSE	<input type="checkbox"/> NON_PROFIT	PACKET APPROVED: Yes <input type="checkbox"/> No <input type="checkbox"/>
EH Specialist Name _____		Date Approved _____	

Vendors operating for more than 1 day must operate from an approved commissary within 30 minutes or 30 miles of the event listed.

**1. What is the name and location of your commissary? (Complete Commissary Agreement on page 7)**

Name of Commissary: \_\_\_\_\_

Location of Commissary: \_\_\_\_\_

Commissary Contact Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

No *extensive* food preparation can occur on site. All other on site food preparation must be done under a proper screening or within an enclosure. Check what type of food preparation will be done on site.

\_\_\_ Slicing \_\_\_ Proportioning \_\_\_ Dicing \_\_\_ Seasoning \_\_\_ Other \_\_\_\_\_

**2. FOOD ITEMS (Please attach additional sheets, as necessary)**

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

Food and Drink Items	Location where obtained
1. <i>Example: ground beef</i>	<i>Sam's Club</i>
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**3. FOOD PREPARATION**

C=at Commissary E=at Event
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**Where will food be prepared?**

Indicate where food will be prepared under each preparation method if it applies.

Food	Thaw	Cut	Cook/ Grill	Cool	Reheat	Cold Holding	Hot Holding	Assemble	Other
1. <i>Example: hamburger patty</i>	<i>C</i>		<i>E</i>		<i>E</i>	<i>E</i>	<i>E</i>	<i>E</i>	
2. <i>Example: tomato</i>		<i>E</i>		<i>E</i>		<i>E</i>		<i>E</i>	
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

#### 4. FOOD HANDLING AT THE BOOTH

##### Hot Food Items

1. How will foods be cooked on site? (mark all that apply)

- Grill  Hot plate  
 Deep fat fryer  Oven  
 Microwave  
 Other (specify) \_\_\_\_\_

2. How will hot foods be held at/or greater than 135°F at the event? (mark all that apply)

##### **(Sterno burners are prohibited)**

- Hot holding unit  Steam table  
 Held under heat lamps  Served immediately after cooking  
 Crock-pot  Held on grill until served  
 Other (specify) \_\_\_\_\_

##### Cold Food Items

1. How will cold foods be held at 41° F or below at the event? (mark all that apply)

- Commercial Refrigerator  
 Commercial Freezer  
 Hard-sided cooler w/ ice (for events less than 3 days only) Quantity \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

2. What utensils will you use to dispense or serve the cold items? \_\_\_\_\_

*(examples: Tongs, Single Use Gloves, etc...)*

3. What kind and how many food thermometers (0-220°F) do you have? Quantity \_\_\_\_\_

- Metal stem probe  Thermocouple  Digital  Ambient air

4. Describe how raw food will be kept separate from ready to eat food? \_\_\_\_\_

5. How will leftover food be handled? \_\_\_\_\_

#### 5. METHODS

##### Cooling

**Will you be rapidly cooling food on site?**  Yes  No

**\*\*\*NOTE: Rapid cooling is as follows: 135°F to 70°F within 2 hours, 70°F to 41°F within 4 hours.**

1. How will foods 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) \_\_\_\_\_

2. What food items will be cooled? \_\_\_\_\_

## Reheating

Will you be rapidly reheating food on site?  Yes  No

**\*\*\*NOTE:** Rapid reheating is as follows: Food must be reheated to 165°F within 2 hours.

How will foods be re-heated to at least 165°F? (mark all that apply)

- Microwave
- Grill
- Oven
- Hot plate
- Other (specify) \_\_\_\_\_

## Transport

Where is the food being transported from? \_\_\_\_\_

What equipment will you use to control temperatures during transport?

- Coolers with Ice
- Commercial insulated food carriers for hot/cold foods
- None, distance from Commissary is less than 30 minutes away
- Other (specify) \_\_\_\_\_

How will bare hand contact be prevented with ready to eat foods?

- Tongs
- Food-grade disposable gloves
- Deli tissues
- Other (list) \_\_\_\_\_

How often will utensils be replaced during operational periods? \_\_\_\_\_

## 6. HANDWASHING AND FOOD HANDLING (EVENTS 3 DAYS OR SHORTER)

**\*\*\*NOTE:** IF PARTICIPATING IN CO STATE FAIR & OTHER EVENTS FILL OUT BOTH SECTIONS FOR "HANDWASHING AND FOOD HANDLING"

A conveniently located hand-washing station WITHIN each booth or unit is **REQUIRED** unless only prepackaged foods requiring no preparation and/or cooking are to be served. Please check which applies to your booth/unit.

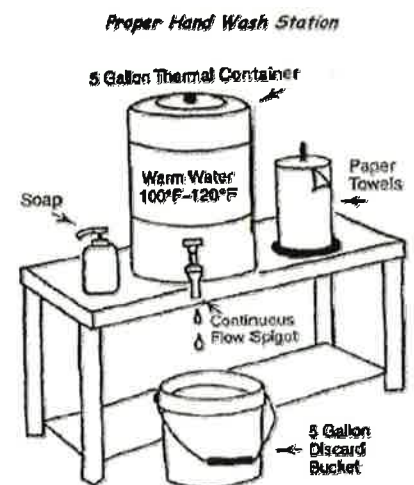
**HANDS MUST BE WASHED IN BETWEEN GLOVE CHANGES, NO EXCEPTIONS!**

- I will be serving only prepackaged foods that require no preparation and/or cooking.
- I will be serving foods that require preparation and/or cooking and will provide the following for hand-washing:
  1. A minimum of 2 gallons of warm potable water that must be refilled as needed in a container with a "hands-free" spigot;
  2. soap;
  3. paper towels; and
  4. a 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed.

**\*\*\*NOTE:** Hand "sanitizers" are **NOT** an acceptable substitute for required handwashing set-up.

**\*\*\*NOTE:** Events lasting longer than 3 days **MUST** have hot & cold water under pressure available for hand washing.

**\*\*\*NOTE:** All chile roasters **MUST** have hot & cold water under pressure



## Where will wastewater be disposed of?

- Commissary       Approved on-site receptacle at event       Other \_\_\_\_\_

Waste water **CANNOT** be dumped on the ground or into storm drains. Fines can be issued for anyone caught dumping wastewater in any receptacle except the designated disposal on site such as in plants, on the street, or down the storm drain. Water must be placed in approved receptacle or sanitary sewer. Please find out from event coordinator where this is located for each event.

**\*\*\*NOTE:** Most event coordinators will provide a phone number to call for wastewater pickup. Contact Event Coordinator.

## 7. HANDWASHING AND FOOD HANDLING (EVENTS LONGER THAN 3 DAYS)

**\*\*\*NOTE:** IF PARTICIPATING IN CO STATE FAIR & OTHER EVENTS FILL OUT BOTH SECTIONS FOR "HANDWASHING AND FOOD HANDLING"

A conveniently located hand-washing station **WITHIN** each booth or unit is **REQUIRED** unless only prepackaged foods requiring no preparation and / or cooking are to be served. Please check which applies to your booth / unit.

### **HANDS MUST BE WASHED IN BETWEEN GLOVE CHANGES, NO EXCEPTIONS!**

- I will be serving only prepackaged foods that require no preparation and/or cooking.
- I will be serving foods that require preparation and/or cooking and will provide the following for hand-washing:
1. hot and cold running water under pressure from a continuous source;
  2. soap;
  3. paper towels; and
  4. a basin capable of capturing hand washing waste water and conveying it to a closed waste water container.

**\*\*\*NOTE:** Hand "sanitizers" are **NOT** an acceptable substitute for required hand washing set-up.

**\*\*\*NOTE:** All chile roasters **MUST** have hot & cold water under pressure



## 8. ADDITIONAL INFORMATION

- If you have not already obtained a 2016 Colorado Temporary Event or Mobile Food License fill out the attached 2016 Retail Food Establishment License Application form and return it, as well as, the entire packet to the Pueblo City-County Health Department.
  - Mobile unit and/or Temporary/Special Event Establishment - \$255.00
  - Mobile unit and/or Temporary/Special Event Establishment (Pre-packaged Food) - \$115.00
  - Off site sale (Pre-packaged Food) License with vendor badge - \$115.00 + \$3.00 = \$118.00
    - Each vendor **MUST** have a license and a current vendor badge.
- A Retail Food Restaurant License is only accepted for those facilities with a set-up, during a Temp Event, that is located directly outside of the facilities entrance.
- The original copy of the 2016 Temporary event or Mobile Food license **MUST** remain on-site.
- In Pueblo County coolers with ice for keeping food items cold are allowed and recommended (commercial refrigeration may not function properly due to extreme temperatures and weather).
- An absorbent floor covering **MUST** be used during the duration of the event to soak up spilled grease, water, food or any other liquid.

## 9. MOBILE UNIT/CANOPY or BOOTH/BUILDING LAYOUT AND MAP

What is your plan for flying insects and dust control? (Examples: Screens, Fans, etc...)

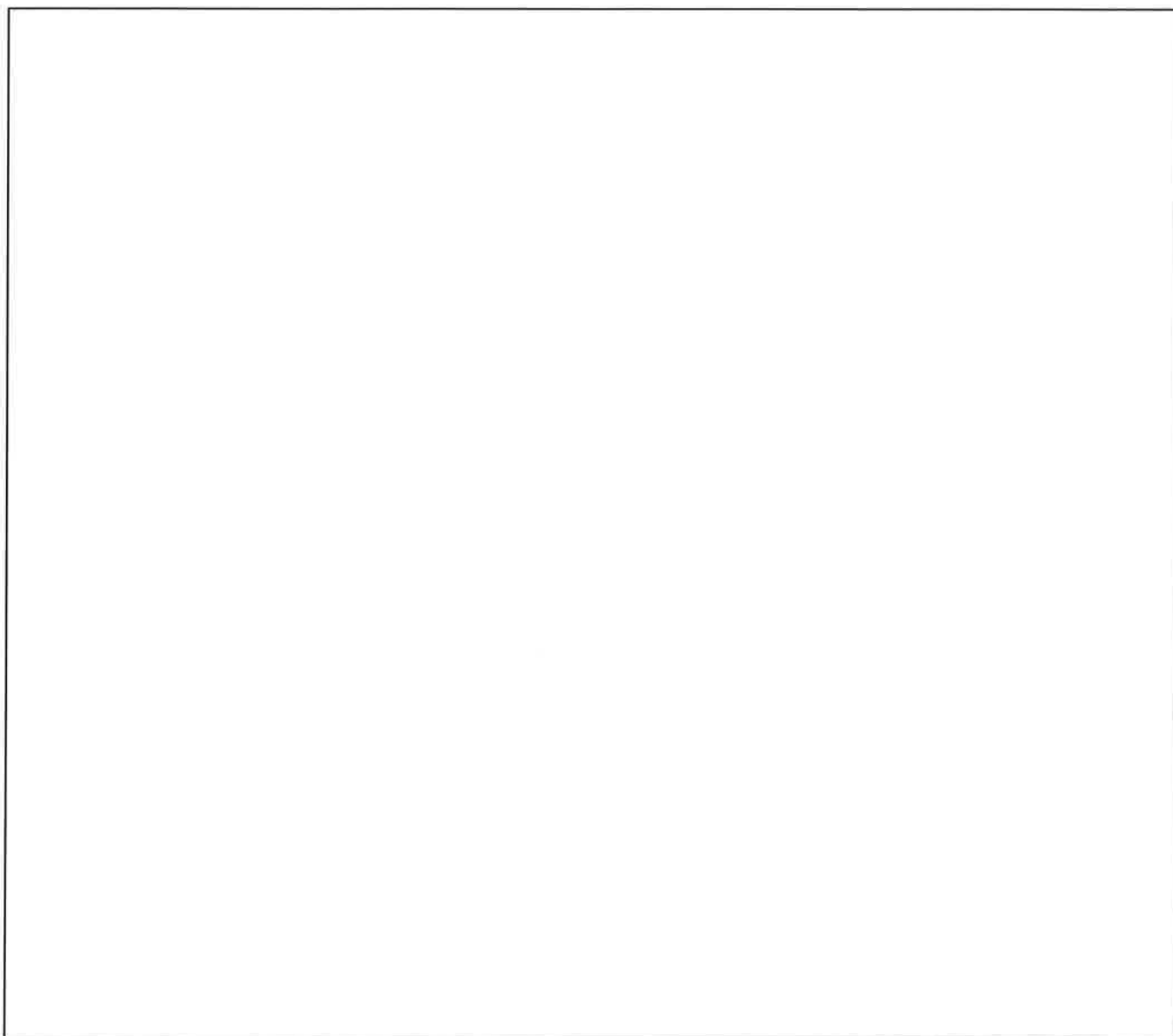
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**\*\*\*Note:** Canopy booths **MUST** have 3 sides set up, leaving 1 side open for customer transactions, unless instructed otherwise by the Pueblo Fire Department.

A drawing or pictures of the set up **MUST** be submitted with packet. Identify and describe the entire set up along with **ALL** equipment that will be present at the event.

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 storage            | <input type="checkbox"/> Garbage containers             |
| <input type="checkbox"/> Customer Service area   | <input type="checkbox"/> Single service storage         |





Prevent • Promote • Protect

101 W. 9<sup>TH</sup> STREET  
PUEBLO, COLORADO 81003-4103  
(719) 583-4307

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### COMMISSARY AGREEMENT

Trade Name \_\_\_\_\_

currently under inspection by a health department (see below). This is in accordance with the laws governing mobile retail food establishments or pushcarts in the Colorado Retail Food Establishment Rules and Regulations (Section 9-107). I also acknowledge that if I cease to use this facility, a new agreement must be submitted for approval before I can resume selling my food product.

I, \_\_\_\_\_, as owner/representative  
**(Commissary Owner)**

of this facility do hereby confirm that \_\_\_\_\_  
**(Food Vendor)**

has permission to use this named facility as a commissary \_\_\_\_\_  
**(Name of Commissary)**

this is located at \_\_\_\_\_  
**(Address of Commissary)**

The phone number of the commissary is \_\_\_\_\_. This is a licensed

facility which is being inspected by: **The Pueblo City-County Health Department.**

I do hereby confirm that the above information is true by signing below on the appropriate line.

Commissary Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_

Proposed Mobile Food Vendor \_\_\_\_\_ Date: \_\_\_\_\_

<b>Check all that apply:</b>		
<input type="checkbox"/> full use of kitchen	<input type="checkbox"/> dishwashing	<input type="checkbox"/> other _____
<input type="checkbox"/> limited food prep	<input type="checkbox"/> storage	<input type="checkbox"/> filling water tanks
<input type="checkbox"/> dumping waste water		

<b>FOR HEALTH DEPARTMENT USE ONLY</b>	
Inspector Name _____	
Inspector Signature _____	Date: _____



## STATEMENT OF VERIFICATION

### Application to Operate a Temporary Food Establishment

**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 Pueblo City-County 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 completely filled out.
- \_\_\_\_\_ 2. I have attached a copy of my 2017 Temporary Event or Mobile Food license or Non-profit 501c3 documentation. (**ONLY** licenses issued by Pueblo City-County Health Department, Las Animas, Huerfano, Custer and Fremont Counties accepted)
- \_\_\_\_\_ 3. I do not have a 2017 Temporary Event or Mobile Food License and would like to purchase a license.
- \_\_\_\_\_ 4. I have completely filled out the 2017 Temporary Event License Application and have included a check for:

Check all that apply	Number of Events	Number of Days	Type of License	Fee	Code
_____	1	1	Limited (Pre-packaged, low risk foods)	\$75.00	8010
_____	1	1	Full Service (Onsite food preparation, medium risk)	\$100.00	8011
_____	1	2-8	Limited	\$125.00	8020
_____	1	2-8	Full Service	\$175.00	8021
_____	Multiple	>8	Limited	\$235.00	8030
_____	Multiple	>8	Full Service	\$330.00	8031
_____	1 or more	unlimited	Non-profit	\$0.00	1000
_____	Multiple	unlimited	Off-site pre-packaged vendor (one license per vendor)	\$235.00	6200
_____	Multiple	unlimited	Off-site sale vendor badge (one badge per vendor)	\$3.00	012
_____	Multiple	unlimited	Mobile unit (full service, local)	\$330.00	6300

- \_\_\_\_\_ 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 2017 Temporary event or Mobile Food license on-site or on-hand during the duration of each event.
- \_\_\_\_\_ 8. I understand that the Pueblo-City County Health Department has the right to revoke my approval for participation in the event at any time during the packet approval process or the actual event.
- \_\_\_\_\_ 9. All paperwork **MUST** be returned no later than 2 weeks prior to event (*vendor may be subject to late fees*):  
 Pueblo City-County Health Department, Environmental Health and Emergency Preparedness Division  
 101 West 9<sup>th</sup> Street Pueblo, CO 81003 or E-mail: [mallory.obrien@pueblocounty.us](mailto:mallory.obrien@pueblocounty.us) or Fax: (719) 583-9902

Approval of these plans and specification by the Pueblo City-County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, please contact the Pueblo City-County Health Department Environmental Health Division at (719) 583-4307.





County Use Only

## Pueblo County Temporary Event License Application Calendar Year 2017

**Incomplete applications, or applications without payment (if required), will not be processed.**

Ownership type:			
Full legal name of owner, corporation, or non-profit:			
Trade name (DBA):		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:	
Mailing address (if different from above):		City:	State: Zip:
Date you started the business:	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	
<p>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 to me by authorized inspectors of the Colorado Department of Public Health &amp; 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.</p>			
Signature:		Title:	Date: Calendar Yr:

	License Type	Code	Fee
<input type="checkbox"/>	No fee license (K-12 schools, non-profits)	1000	\$0.00
<input type="checkbox"/>	Limited Food Service 1 Event 1 Day <small>(Prepackaged, low risk foods)</small>	8010	\$75.00
<input type="checkbox"/>	Full Service 1 Event 1 Day <small>(Onsite Food Preparation, Medium Risk)</small>	8011	\$100.00
<input type="checkbox"/>	Limited Food Service 1 Event 2-8 Days <small>(Prepackaged, low risk foods)</small>	8020	\$125.00
<input type="checkbox"/>	Full Service 1 Event 2-8 Days <small>(Onsite Food Preparation, Medium Risk)</small>	8021	\$175.00
<input type="checkbox"/>	Limited Food Service > 8 Days <small>(Prepackaged, low risk foods)</small>	8030	\$235.00
<input type="checkbox"/>	Full Service > 8 Days <small>(Onsite Food Preparation, Medium Risk)</small>	8031	\$330.00
<input type="checkbox"/>	Limited Food Service 2 or More Events Unlimited Days <small>(Prepackaged, low risk foods)</small>	8030	\$235.00
<input type="checkbox"/>	Full Service 2 or More Events Unlimited Days <small>(Onsite Food Preparation, Medium Risk)</small>	8031	\$330.00
<input type="checkbox"/>	Mobile Grocery (Off-Site Sale One License per Vendor)	6200	\$235.00
<input type="checkbox"/>	Off-Site Sale Vendor Badge (One Badge per Vendor)	012	\$3.00
	<b>Total due:</b>		<b>\$</b>

Credit Card Payments accepted (VISA, MasterCard, Discover Only – **No American Express**) by phone at 719-583-4429.

Make checks payable to PCCHD.

Mail payment and completed application to:

EHEP  
Pueblo City-County Health Department  
101 W 9<sup>th</sup> Street  
Pueblo, CO 81003

Questions?  
Call: 719-583-4429  
Email: paula.martinez@pueblocounty.us  
Visit: www.pueblohealthdept.org



Pueblo City-County Health Department  
*Food Safety Program*  
101 West 9<sup>th</sup> Street, Pueblo CO, 81003  
Office: (719) 583-4307 Fax: (719) 583-9902  
Email: [mallory.obrien@pueblocounty.us](mailto:mallory.obrien@pueblocounty.us)

## TEMPORARY EVENTS EQUIPMENT CHECKLIST

(Keep for your use during event)

- |  |        |   |
|--|--------|---|
| <input type="checkbox"/> Original 2016 Colorado Retail Food License (Temp Event or Mobile)                         |        | <input type="checkbox"/> Thermometer (0-220° F)                           |
| <input type="checkbox"/> Soap  |        | <input type="checkbox"/> Gloves, tongs, tissues, or other utensils        |
| <input type="checkbox"/> Paper towels  |        | <input type="checkbox"/> Food grade hose                                  |
| <input type="checkbox"/> Sanitizer (bleach or quaternary ammonia)  |        | <input type="checkbox"/> Ground cover                                     |
| <input type="checkbox"/> Sanitizer test strips   |        | <input type="checkbox"/> Garbage can/garbage bags                         |
| <input type="checkbox"/> Sanitizer container (bucket, spray bottle, etc.)  |        | <input type="checkbox"/> Commissary for food prep and dish washing        |
| <input type="checkbox"/> Catch bucket or holding tank for gray water   |        | <input type="checkbox"/> Refrigerator/cooler thermometer(s)               |
| <input type="checkbox"/> Large container full of water for hand washing with a continuous flow valve (no buttons!) | AND/OR | <input type="checkbox"/> Hand sink with hot and cold water under pressure |
| <input type="checkbox"/> Refrigerator equipment  | AND/OR | <input type="checkbox"/> Hard-sided coolers with ice                      |