

**RETAIL FOOD ESTABLISHMENT  
 LICENSE APPLICATION  
 FOR CALENDAR YEAR 2013**

DO NOT WRITE IN THIS SPACE

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained.

Health Department Approval

**Make remittance payable to:** El Paso County Public Health, C/O Environmental Health Division  
 1675 W. Garden of the Gods Road, Suite 2044  
 Colorado Springs, CO 80907

Type of Ownership     Individual     Co-Partnership/Company     Other \_\_\_\_\_  
                                    Corporation     Association

Certificate/License to be issued in the name(s) of *(full legal name of corporation; individual owner or name of first partner)*

*(names of second and additional partners or corporation officers)*

Trade Name \_\_\_\_\_ FEIN Number/Social Security Number \_\_\_\_\_

Business Located at *(street or rural route, city, state, and ZIP code)*

County in which business is actually located \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address *(if different from location above; include street, city, state, and ZIP code)*

Date you started business \_\_\_\_\_  
 If seasonal, mark each business month.     JAN     MAR     MAY     JULY     SEPT     NOV  
    FEB     APR     JUNE     AUG     OCT     DEC

Are you liable for reporting state sales tax?     Yes     No            Liquor?     Yes     No            Gaming?  Yes     No

If yes, do you have a Dept. of Revenue Sales Tax Account Number?     Yes     No    If **YES** Account # \_\_\_\_\_  
 If no, give the name and address (account number, if possible) of the individual or firm responsible for payment of state sales tax \_\_\_\_\_

<b>Colorado Sales Tax Account Number</b>	Name and address of previous owner _____ _____ _____
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In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment or local board of health. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Signature _____	Title _____	Date _____
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**Health Department Use Only**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> No fee License (School, Charitable, Penal Institution, Church, Other) ..... <b>(3273 750)</b> ..... \$0</li> <li><input type="checkbox"/> Restaurant 0-100 Seats ..... <b>(3274 750)</b> .. \$154.00</li> <li><input type="checkbox"/> Mobile Unit ..... <b>(3289 750)</b> .. \$154.00</li> <li><input type="checkbox"/> Temporary/Special Event Establishment ... <b>(3291 750)</b> .. \$154.00</li> <li><input type="checkbox"/> Restaurant 101-200 Seats ..... <b>(3275 750)</b> .. \$175.00</li> <li><input type="checkbox"/> Restaurant Over 200 Seats ..... <b>(3276 750)</b> .. \$189.00</li> <li><input type="checkbox"/> Grocery Store 0-3,000 Sq Ft ..... <b>(3277 750)</b> .... \$55.00</li> <li><input type="checkbox"/> Mobile Unit (Prepackaged Foods) ..... <b>(3292 750)</b> .... \$55.00</li> <li><input type="checkbox"/> Temporary/Special Event Establishment (Prepackaged Foods) ..... <b>(3293 750)</b> .... \$55.00</li> <li><input type="checkbox"/> Grocery Store 3,001 -10,000 Sq Ft ..... <b>(3278 750)</b> .. \$100.00</li> <li><input type="checkbox"/> Grocery Store 10,001 - 20,000 Sq Ft ..... <b>(3279 750)</b> .. \$115.00</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Grocery Store 20,001 - 40,000 Sq Ft ..... <b>(3280 750)</b> ..\$138.00</li> <li><input type="checkbox"/> Grocery Store 40,001 - 70,000 Sq Ft ..... <b>(3281 750)</b> ..\$175.00</li> <li><input type="checkbox"/> Grocery Store Over 70,000 Sq Ft ..... <b>(3282 750)</b> ..\$250.00</li> <li><input type="checkbox"/> Grocery w/Deli 0-3,000 Sq Ft ..... <b>(3283 750)</b> ..\$138.00</li> <li><input type="checkbox"/> Grocery w/Deli 3,001 - 10,000 Sq Ft ..... <b>(3284 750)</b> ..\$225.00</li> <li><input type="checkbox"/> Grocery w/Deli 10,001 - 20,000 Sq Ft ..... <b>(3285 750)</b> ..\$240.00</li> <li><input type="checkbox"/> Grocery w/Deli 20,001 - 40,000 Sq Ft ..... <b>(3286 750)</b> ..\$263.00</li> <li><input type="checkbox"/> Grocery w/Deli 40,001 - 70,000 Sq Ft ..... <b>(3287 750)</b> ..\$300.00</li> <li><input type="checkbox"/> Grocery w/Deli over 70,000 Sq Ft ..... <b>(3288 750)</b> ..\$383.00</li> </ul> |
|---|--|

(999)



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044  
 Colorado Springs, CO 80907  
 (719) 578-3199 phone  
 (719) 575-8664 fax  
[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

**ENVIRONMENTAL HEALTH SERVICE REQUEST FORM**

**Owner Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Establishment/Business Name:** \_\_\_\_\_

**Establishment/Business Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **EmailAddress:** \_\_\_\_\_

**Body Art**

✓	Service	Fee		Subtotal
	Body Art infection Control Training	\$20.00 per attendee	#	
	Body Art Plan Review (incl pre-opening inspection)	\$302.00		
	Body Art Establishment License	\$285.00		
	Body Art Change in Ownership	\$176.00		
	Temporary Event Fee	\$87.00 per vendor		

**Food Safety**

✓	Service	Fee		Subtotal
	Food Handler Training	\$13.00 per attendee	#	
	Review of Potential Retail Food Establishment Site	\$100.00 (non-refundable)		
	Preoperational / Change in Ownership Inspection	\$125.00 (non-refundable)		
	RFE Plan Review Application	\$100.00 (non-refundable)		
	RFE Plan Review and Pre-Opening Inspection	\$51.00/hour not to exceed \$580.00	To be calculated	
	RFE Equipment/Product Review Application	\$100.00 (non-refundable)		
	RFE Equipment/Product Review	\$51.00/hour not to exceed \$280.00	To be calculated	
	RFE HACCP Plan Review (Written)	\$51.00/hour not to exceed \$80.00	To be calculated	
	RFE HACCP Plan Review (Operational)	\$51.00/hour not to exceed \$200.00	To be calculated	
	RFE Other Services Requested	\$51.00 per hour	To be calculated	

**Individual Sewage Disposal System/On-Site Wastewater System (OWS)**

✓	Service	Fee		Subtotal
	OWS Installer Exam 3-Year License	\$125.00 per 3-Year License		
	New On-Site Wastewater (OWS) Permit	\$440.00/permit + \$23.00 CDPHE charge + \$147.00 EPC Planning Surcharge (\$610.00 Total)		
	OWS Return Trip Fee	\$54.00 per hour	To be calculated	
	Major Repair OWS Permit	\$494.00/permit + \$23.00 CDPHE Charge (\$517.00 Total)		
	Minor Repair OWS Permit	\$188.00/permit + \$23.00 CDPHE Charge (\$211.00 Total)		
	OWS Variances	\$59.00 per hour (non-refundable)	To be calculated	
	Altered/Renewed OWS Permit	\$62.00 per permit		
	Pumper Truck Inspection (Systems Cleaner)	\$90.00 per truck		

**Compliance and Enforcement**

✓	Service	Fee		Subtotal
	Certificate of Non-Compliance Release	\$100.00		

**TOTAL FEES** \$

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Environmental Health Specialist** \_\_\_\_\_ **Date** \_\_\_\_\_



El Paso County Public Health
1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199
www.elpasocountyhealth.org

OWNER/CONTRACTOR CONTACT INFORMATION

Today's Date: \_\_\_\_\_

TYPE OF ESTABLISHMENT: [ ] Retail Food [ ] Body Art [ ] On-Site Wastewater
[ ] Contractor
[ ] Other \_\_\_\_\_ [ ] Systems Cleaner

OWNER INFORMATION:

Type of Ownership: [ ] Individual [ ] Partnership [ ] Corporation

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

ESTABLISHMENT/BUSINESS INFORMATION:

Establishment/Business Name: \_\_\_\_\_

Establishment/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Establishment/Business Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Days/Hours Of Operation: \_\_\_\_\_

Retail Food Only: Total building square footage (if grocery store): \_\_\_\_\_

# Seats (if restaurant): \_\_\_\_\_

ALTERNATIVE CONTACT INFORMATION (Two contacts other than owner):

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_



Certification of Commissary

Definition

A commissary means an approved catering establishment, restaurant, or other approved place in which food, containers, or supplies are kept, handled, prepared, packaged or stored.

Signatures Required:

- The owner/operator of the mobile unit or food booth shall complete and sign PART 1.
The owner/operator of the commissary shall complete and sign PART 2.

\*\*\*\*\*

PART 1

Mobile Unit/Food Booth Name: \_\_\_\_\_

Owner name of mobile unit: \_\_\_\_\_

Retail food establishment license year \_\_\_\_\_

CERTIFICATION OF OWNER OF MOBILE UNIT/FOOD BOOTH

By signing below, I here by state that I will use the facility listed below as my commissary for the preparation and storage of food items, cleaning of equipment and utensils and other uses as mandated by the Colorado Retail Food Establishment Rules and Regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- Check here if this is the same commissary used in the previous retail food license year.
Check here if this is not the same commissary used in the previous retail food license year.

\*\*\*\*\*

PART 2

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County where located: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

CERTIFICATION OF COMMISSARY OWNER

By signing below, I hereby state that I am the owner/manager of the above commissary and I have authorized the owner of the above referenced mobile unit/food booth to use my facility as a commissary for the storage and preparation of food and, if applicable, the washing and sanitizing of equipment and daily servicing of the mobile food unit. Authorization is valid through the end of the mobile unit retail food license year.

Signed \_\_\_\_\_ Date \_\_\_\_\_

FOR HEALTH DEPARTMENT USE ONLY

- Needs pre-license inspection within 48 hours
Completed by: \_\_\_\_\_ Date \_\_\_\_\_

## Licenses and Fees

### El Paso County Public Health

- Submit a plan review application to the Environmental Health Division. A nonrefundable fee is due when the application is submitted.
- Additional hourly fees are charged for all plan review and preopening inspection time (refer to Environmental Health Division Request Form).

### Colorado Retail Food Establishment (RFE) License

- Application is processed by Public Health. Fees must be paid before an opening inspection will be scheduled. A license is valid from Jan. 1 through Dec. 31, and must be renewed each year. Fees are not prorated or transferable. RFE License fees vary based on the types of foods served.

### Colorado Department of Revenue Sales Tax Account Number

- Obtain a sales tax account number from the Colorado Department of Revenue, 2447 N. Union Blvd., (719) 594-8706; (303) 866-3711, or [www.revenue.state.co.us](http://www.revenue.state.co.us). You **must** have a Colorado sales tax account number before you may apply to Public Health for a RFE License.

### City of Colorado Springs Peddler License

- If you sell food from a push cart or mobile unit within the City of Colorado Springs, you must also obtain a peddlers license from the Colorado Springs City Clerk at 30 S. Nevada Ave. Ste. 101 (719) 385-5105.

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**This pamphlet was produced by  
El Paso County Public Health  
1675 W. Garden of the God Rd., Ste. 2044  
Colorado Springs, CO 80907**

**Phone: (719) 578-3199**

**[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)**



# Mobile Retail Food Establishment and Pushcart Opening Guidelines

El Paso County Public Health



***Environmental Health Division***

**(719) 578-3199**

# General Information

Mobile units and pushcarts must comply with Colorado Retail Food Establishment (RFE) regulations. You may obtain a copy of the state regulations at Public Health , or online:

[www.cdphe.state.co.us/cp/index.html](http://www.cdphe.state.co.us/cp/index.html)

When purchasing or remodeling an existing mobile unit or push cart, you need to obtain a RFE license and pay appropriate fees. You may also need a plan review based on whether you are planning extensive remodeling or menu changes. You are required to ensure that the unit is up to date on current codes and regulations. Contact Public Health for more information.

## Overview of Water, Waste and Sanitization Requirements

### Mobile units must provide:

- A potable water system operated under pressure, and access to adequate hot and cold water facilities for utensil cleaning, sanitizing, and food preparation.
- A potable water inlet located so it will not be contaminated by wastewater discharge.
- Single-service articles for use by the customer.
- A convenient hand washing facility that provides water at 90°F, soap and disposable paper towels.

## Servicing Operations

- Potable and wastewater connections shall be of different sizes.
- The wastewater storage tank shall be 15% larger than the potable water supply tank.
- Discharge of liquid waste, except drainage from clean potable ice, onto the ground is prohibited.

## Commissary Requirements

Mobile units or push carts that are not fully equipped (see below) must operate from an approved commissary and shall report every 24 hours (during operation) to the commissary for supplies, cleaning and servicing.

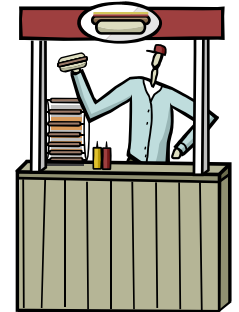
A commissary is either a licensed retail food establishment or another facility where food is stored, handled, prepared, supplied or packaged. The commissary must be located in El Paso County, be approved by Public Health and operate in compliance with Chapter 9 of the state regulations.

**Fully equipped** mobile units that do not require servicing at a commissary must:

- Have a potable water and wastewater system that is sized and operated properly.
- Be capable of being maintained in a sanitary manner.
- Have adequate storage areas for food, dry goods, single service articles and cleaning supplies.
- Have adequate facilities for food preparation, cleaning and sanitizing.

**Fully equipped** mobile units that do not require servicing at a commissary must (cont.):

- Have approved arrangements to supply potable water and for the proper disposal of wastewater generated during the operation of the mobile unit.
- The Public Health must still approve a fully equipped mobile unit during the plan review and inspection process.



## Exemptions

Mobile retail food establishments or push carts are exempt from self-contained water, waste, cleaning and sanitization equipment under the following conditions:

- Food is pre-packaged in individual servings, transported and stored and served without further handling per state regulations.
- Beverages served are not potentially hazardous and are dispensed from covered containers or other protected equipment.
- The required equipment for cleaning and sanitization exists at the commissary.