SUMMIT COUNTY
COLORADO

PUBLIC HEALTH | Environmental Health Division

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FOR DEPARTMENT USE ONLY
APPROVED? YES ☐ NO ☐
APPROVED BY DATE

FEES OWED $_____ DATE PAID ___/___/___
*Add late fee when submitting late (within 10 days of the event)

VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete ONE vendor application each year for Summit County. If menu items or equipment are changing, a new application must be submitted for subsequent events. Completed applications and applicable fees must be submitted 10 days prior to the event. Contact this department for details.

See Summit County Environmental Health webpage for fee schedule: Summitcountyco.gov/EHfees

Please complete the following information:		
Temporary Retail Food Establishment Name	Legal Owner's Name	
Establishment Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Contact Name	Contact #	
E-Mail		

Vendors shall have a Summit County Retail Food Temporary Event Permit, Summit County issued Colorado Temp Event License or any CO Mobile Food License on premise at all times.
(See flow chart on website for direction on type of document your operation will need.)

Please check below the type of document you are applying for (Select One):
☐ Summit County Temp Food Vendor Permit- Full Service
☐ Summit County Temp Food Vendor Permit- Pre-Packaged Foods
☐ Colorado Temp Food Vendor License- Full Service
☐ Colorado Temp Food Vendor License- Pre-Packaged Foods
☐ Cottage Foods ☐ Non-Profit ☐ CO Licensed Mobile vendor

All Temp Event Permittees and Licensees (excluding Cottage Foods and Non-Profits) must have an approved commissary kitchen to work from. Please indicate the type of commissary kitchen you are using:
☐ Own a CO licensed Retail Food Establishment and license is attached.
☐ I have permission to use a CO licensed RFE. The Commissary Agreement and facility license are attached.

Please list all events and dates that you plan on participating in within Summit County

Event name_____ Date _____ Location _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

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? _____

MENU *(Please attach additional sheet, as necessary)*

Please list all food products you are planning on serving this year 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**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

FOOD PREPARATION

Preparation at Approved Facility or Commissary Before Event

Check which preparation procedure each menu item requires.

Food		**Thaw**	**Cut/ Assemble**	**Cook/ Bake**	**Cool**	**Reheat**	**Cold Holding**	**Hot Holding**
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

What is the name and location of your commissary? (Complete Commissary Agreement on page 5.)

Name: _____

Contact Person and Phone Number: _____

Cooling
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) _____

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

- ☐ Microwave
- ☐ Grill
- ☐ Oven
- ☐ Hot plate
- ☐ Other (specify) _____

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. Please check the space below that applies to your booth / unit.

- ☐ 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
  4.) 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed
  5.) Hand washing signage (Ex. All Employees Must Wash Hands)

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

Where will wastewater be disposed?
☐ Commissary ☐ Approved on-site receptacle at event ☐ Other _____

Wastewater CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from event coordinator where this is located for each event.

How will you prevent bare hand contact with ready to eat foods?

☐ Tongs ☐ Food-grade disposable gloves ☐ Deli tissues

☐ Other (list) _____

Hot Food Items

1. How will these foods be cooked at the site? (mark all that apply)
   - ☐ Grill ☐ Hot plate
   - ☐ Deep fat fryer ☐ Oven
   - ☐ Microwave
   - ☐ Other (specify) _____

2. How will hot foods be held at 135°F or above 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) _____

3. What utensils will you use to dispense or serve the hot items?_____

Cold Food Items

1. How will cold foods be held at 41°F or below at the event? (mark all that apply)
   - ☐ Refrigerator / freezer
   - ☐ Ice chest - *must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.*
   - ☐ Other (specify) _____

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

3. What kind and how many food thermometers (0-220°F) do you have? _____
   ☐ Metal stem probe ☐ Thermocouple ☐ Digital

Where will utensil washing take place?

☐ Commissary ☐ Commercial 3-compartment sink unit

What is your booth plan for flying insects and dust control, if applicable?

_____

_____

BOOTH LAYOUT AND MAP

Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment. The map shall include the following:

☐ Cooking equipment
☐ Hot and Cold Holding equipment
☐ Hand Washing facilities
☐ Work surfaces
☐ Food and Single Service storage
☐ Garbage containers
☐ Customer Service area

HEALTH INSPECTION DURING THE EVENT

Please be aware that the Summit County Environmental Health Department will be performing inspections of temporary food booths. Participants must have the following items available and in use anytime food preparation is being conducted:

- **Temporary hand washing station with warm water, soap and paper towels and signage (Ex. All Employees Must Wash Hands)**
- **Sanitization bucket with test strips to measure chemical concentration**
- **Calibrated probe thermometer to measure food temperatures (maintain potentially hazardous foods below 41°F or above 135°F)**
- **Means to prevent bare hand contact with ready to eat foods (ex. single use gloves)**
- **Permit or License as applicable**
- **Food Protection Manager Certification document, as applicable.**

COMMISSARY AGREEMENT

_____
Date

I, _____ of _____,
(Owner/Operator) (Establishment Name)

located at _____
(Address of Establishment)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

_____Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, reheating.
_____Storage of foods, single service items, and cleaning agents
_____Service and cleaning of the equipment
_____Ware washing
_____Filling water tanks
_____Dumping waste water
_____Other (list below)

_____

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 bay sink_____

Dish machine____ Refrigeration____ Cooling equipment_____ Dry Storage____

Other _____

_____
Owner/Operator

_____
Phone Number

<u>This Commissary Agreement is valid for this calendar year only.</u>