



Health begins where you live, learn, work, and play!

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LAKE COUNTY ENVIRONMENTAL HEALTH TEMPORARY FOOD EVENT **VENDOR APPLICATION**

Submit to Event Coordinator 30 Business Days Prior to Event

Unregistered or Unlicensed vendors present day of the event will not be afforded license reciprocity and will be subject to purchase of a Lake County Temporary Event License



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TEMPORARY FOOD EVENT VENDOR APPLICATION

All vendors must complete and submit to Event Coordinator for each event in Lake County. 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 temporary event or mobile unit Colorado Retail Food Establishment License, if already licensed. If not licensed please submit state license fees per unit type (Pre-packaged foods only \$115.00, Full Food Service \$255.00) to Lake County Public Health Agency with this application. Your commissary must be pre-approved by this department. **Approval of this application will be based upon menu, equipment, commissary, setup and the ability to protect against public health hazards.**

NO FOOD, UTENSILS, OR SINGLE SERVICE ITEMS TO BE STORED OR PREPARED AT HOMES OR HOTELS AT ANY TIME

Event Name:				Event Date(s):			
Name of Temporary Food Establishment:				Phone:			
Street Address:				Cell:			
City:				Fax:			
State/Zip:				Email:			
County:							
<i>Name under which the license is to be issued</i>							
Individual(s) or Corporate Name:				Phone:			
Street Address:				Cell:			
City:				Fax:			
State/Zip:				Email:			
Name of Contact:				Phone:			
Which County issued your license?							
Licensing Information (Please circle all that apply)							
Unlicensed (Prepackaged Foods Only \$115.00/Full Service \$255.00 Paid to LCPHA)		Licensed Temporary Event (provide copy)		Licensed Mobile Unit (provide copy)		Non-profit (provide documentation)	
Days and Hours of Operation of the Temporary Food Booth For This Event							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Please list any additional events and dates that you plan on participating within Lake County and State of Colorado							
Event Name		Event Date(s)			Location		
What kind of vender setup are you? (Please circle one)							
Mobile Unit		Push Cart		Temporary Tent/Booth			

Health Department Use Only							
	Licensed		Needs a License		Non-profit		Approved
							Unapproved
EH Specialist Signature:						Date:	

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I. MENU (Please attach additional sheets 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	Food Supplier/Location Where Obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

II. FOOD PREPARATION AT THE EVENT (Please attach additional sheets as necessary)

Food preparation/handling at the event (List menu items and 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.							

A. Cooked Food Items On-site

1. How will foods be cooked at the event?

- Grill Stove/Oven Not Applicable (specify): _____
 Deep fat fryer Microwave
 Other (specify): _____

****No grease shall leak or be discharged onto the ground or into any storm drainage system 10-102.E****

B. Hot Food Items On-site

1. How will hot foods be held at 135°F or above at the event? (Check all that apply)

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

****Sterno burners/fuel gel canisters are prohibited at outdoor venues 10-104.A****

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

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C. Cold Food Items On-site

1. How will cold foods be held at 41°F or below at the event? (Check 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? _____

****Styrofoam and soft sided coolers are prohibited section 10-104-E****

D. Reheating Food Items On-site

1. How will foods be re-heated to at least 165°F at the event? (Check all that apply)

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

E. Transport

1. Please provide the distance between your **approved** facility or commissary and the location at the event.

Distance: _____

2. Method of transport _____

****The commissary for food vendors operating at an event of more than one (1) day in duration shall be within 30 minutes or 30 miles of the event - All foods, utensils, and single use articles shall be transported from the commissary to the event site in a manner that protects them from contamination. Food product temperature shall be maintained as required in section 3-501****

3. What equipment will you use to control temperatures during transport?

- Refrigerator/freezer Cambros for hot foods
- Cambros for cold foods
- Other (specify): _____

I. FOOD PREPARATION IN COMMISSARY

Preparation at Approved Facility or Commissary (Attach additional sheets as necessary) (List menu items and 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.							

A. Cooked Food Items in the Commissary

1. How will foods be cooked in the commissary?

- Grill Stove/Oven Not applicable (specify): _____
- Deep fat fryer Microwave
- Other (specify): _____

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B. Hot Food Items in the Commissary

1. How will hot foods be held at 135°F or above in the commissary? (Check all that apply)

- Hot holding unit Steam table Held under heat lamps Oven Held on grill
- Not applicable (specify): _____ Other (specify): _____

C. Cold Food Items in the Commissary

1. How will cold foods be held at 41° F or below at the commissary?

- Reach-In Refrigerator Walk-In Cooler Reach-In Freezer Walk-In Freezer
- Not applicable (specify): _____ Other (specify): _____

D. Reheating in the Commissary

1. How will foods be re-heated to at least 165 °F at the commissary?

- Microwave Oven/stove Not applicable Grill Other (specify): _____

E. Rapidly Cooling in the Commissary

1. How will foods be *rapidly cooled* to 41°F or below at the commissary?

- Shallow pans (less than 4”) in refrigerator or cooler Ice-bath to cool the food product
- Ice paddle or wand Not applicable (specify): _____
- Other (specify): _____

What kind and how many food thermometers (0-220°F) do you have? _____

- Metal stem probe Thermocouple Digital

How often will you use a thermometer to check food temperatures? _____

II. HANDWASHING - *ATTACH A PICTURE OF YOUR HAND WASHING STATION*****

A. A hand-washing station WITHIN reach to 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;

***** HANDSINK MUST BE A PRESSURIZED SYSTEM WITH HANDS FREE CONTINUOUSLY FLOWING WARM WATER WITH SOAP, PAPER TOWELS AND A TRASH RECEPTACLE SUPPLIED. NOTE: PUSH BUTTON SPIGOTS ARE NOT PERMITTED AND HAND SANITIZERS ARE NOT AN ACCEPTABLE SUBSTITUTE FOR THE REQUIRED HAND-WASHING SET-UP*****

Please provide the following for hand-washing:

- 1.) A minimum of 5 gallons of warm potable water that must be refilled as needed in a container with a ‘hands-free’ spigot. *****If A Hose Is Used, A Food Grade Hose Must Be Provided 10-107*****
- 2.) Soap
- 3.) Paper towels
- 4.) 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed *****must drain into a closed container to prevent splashing 10-110.D*****

B. Where will wastewater be disposed?

WHAT SIZE IS THE TANK? _____ (MINIMUM: 15% LARGER THAN POTABLE WATER TANK CAPACITY)

- Commissary Approved on-site receptacle at event Other (specify): _____

*****WASTE WATER CANNOT BE DUMPED ON THE GROUND, INTO STORM DRAINS or DUMPED IN PORTABLE TOILETS 10-109*****

***** WATER MUST BE PLACED IN APPROVED RECEPTACLE OR SANITARY SEWER*****

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(PLEASE FIND OUT FROM EVENT COORDINATOR WHERE THIS IS LOCATED FOR EACH EVENT.)

C. How will you ensure there is no cross contamination between the tanks and hoses of the potable water and the wastewater?

- Potable water inlet above waste water outlet
- Different color or sized removable tanks
- Different color or sized hoses
- Different threads on inlet and outlet
- Other (specify) _____

D. Where will utensil washing take place?

- Commissary
 - Commercial 3-compartment sink unit
 - Other (specify): _____
- **Extra utensils must be provided to replace soiled items at a minimum of every 4 hours - Provide additional utensils in case they become soiled from cross contamination section 10-104-C****

E. Indicate what type of sanitizer will be used:

- Chlorine
- Quaternary Ammonia
- Other (Specify)

****Chemical test kits must be available for all sanitizers used and at all locations****

III. BOOTH LAYOUT AND MAP (Provide a drawing schematic of the Temporary Food Establishment)

A. The map shall include the following:

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

B. Identify and describe all equipment.

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

****A mobile unit, push cart or temporary food booth will not be allowed to operate under the following conditions: Lack of refrigeration, lack of water, lack of electricity (depending on need), inability to sanitize, lack of proper disposal of waste water, inability to wash hands, operating without a license, operating without an approved commissary or any other situations that pose an imminent health hazard****

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COMMISSARY AGREEMENT

NAME OF EVENT _____

DATES OF ALLOWED USE _____

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, | ____ WARE WASHING |
| ____ CUTTING MEATS, COOKING, COOLING, REHEATING. | ____ FILLING WATER TANKS |
| ____ STORAGE OF FOODS, SINGLE SERVICE ITEMS, AND CLEANING AGENTS | ____ DUMPING WASTE WATER |
| ____ SERVICE AND CLEANING OF THE EQUIPMENT | ____ OTHER (LIST BELOW) |

COMMISSARY WATER SUPPLY? MUNICIPAL _____ WELL _____

COMMISSARY SANITARY SEWER SERVICE? MUNICIPAL _____ SEPTIC _____

INDICATE HOURS FACILITY IS OPEN FOR MOBILE UNIT USE:

SUN ____ TO ____ MON ____ TO ____ TUES ____ TO ____ WED ____ TO ____
THURS ____ TO ____ FRI ____ TO ____ SAT ____ TO ____

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 DATE

PHONE NUMBER

*****This commissary agreement is valid for this event only*****

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