Lake County
Public Health Agency

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

P.O. Box 626 ▪ 735 Hwy 24
Leadville, CO 80461
Phone: (719) 656-0414

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

PLEASE COMPLETE FRONT AND BACK OF ALL PAGES

TEMPORARY FOOD EVENT VENDOR APPLICATION

All vendors must submit this vendor application to the 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. Attach a copy of your current temporary event or mobile unit Colorado Retail Food Establishment License, if already licensed. If not licensed please submit 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.**

FOR DEPARTMENT USE ONLY

APPROVED? ☐YES ☐NO

APPROVED BY DATE _____

FEES OWED $_____ DATE PAID ___/___/___

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:	
Name under which the license is to be issued	
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) ☐	Colorado Licensed Mobile Unit – Which County? (Provide copy of license) ☐

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**

PLEASE COMPLETE FRONT AND BACK OF ALL PAGES

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*****

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*****

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*

D. Reheating Food Items On-site

1. How will foods be re-heated to at least 165ºF 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 _____

*** 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 ****

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 ºF 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**

Hand sink 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

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 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.
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*****

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): _____

*****WASTEWATER CANNOT BE DUMPED ON THE GROUND, INTO STORM DRAINS or DUMPED IN PORTABLE TOILETS WATER MUST BE PLACED IN APPROVED RECEPTACLE OR SANITARY SEWER*****

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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 wastewater 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*****

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 ☐ Hot and Cold Holding equipment

☐ Hand Washing facilities ☐ Work surfaces

☐ Food and Single Service storage ☐ Garbage containers

☐ Customer Service area

B. Identify and describe all equipment.

_____

_____

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

_____

_____

****A mobile unit, pushcart 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 wastewater, 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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Lake County
Public Health Agency

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION FOR CALENDAR YEAR 2026

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained. Your bank account may be debited as early as the same day received. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollectible funds, Lake County Public Health Agency may collect the payment amount directly from your bank account electronically.

Make remittance payable to: Lake County Public Health Agency

Submit payment and application to:
Lake County Public Health Agency
Attn: **Environmental Health**
P.O. Box 626/ 735 Hwy 24
Leadville, CO. 80461

Health Department Approval

Type of Ownership

☐ Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification.)
☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Limited Liability Limited Partnership
☐ Corporation ☐ "S" Corporation ☐ Association ☐ Estate ☐ Government
☐ Joint Venture ☐ Trust ☐ Non-Profit 501(c)(3) [Please enclose copy of IRS letter of exemption]

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 (Doing Business As)	FEIN Number/Social Security Number

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

County in which business is physically located	Phone Number

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

Date you started the business

☐ If seasonal, mark each business month

☐ JAN ☐ MAR ☐ MAY ☐ JULY ☐ SEPT ☐ NOV
☐ FEB ☐ APR ☐ JUNE ☐ AUG ☐ OCT ☐ DEC

Seasonal Date of Operation: Begin Date ____ / ____ End Date ____ / ____
Month Day Month Day

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

Onsite Phone Number	**NAME** of onsite Kitchen Manager and **EMAIL ADDRESS**

Colorado Sales Tax Account Number (required)	Name and address of current owner	Calendar Year

For Health Department Use Only

☐ No fee License (Govt. Entity/Non-Profit/Minor)	$0.00	☐ Temporary Event Vendor License (Prepackaged Foods Only)	$115.00
☐ Restaurant 0-100 Seats	$385.00	☐ Temporary Event Vendor License (Full Service)	$255.00
☐ Restaurant 101-200 Seats	$430.00	☐ Temporary Event Coordinator Plan Review	$100.00
☐ Restaurant Over 200 Seats	$465.00	☐ Temporary Event Coordinator Fee (< 5 Vendors)	$50.00
☐ Grocery Store with Deli (up to 15,000 Sq Ft)	$375.00	☐ Temporary Event Coordinator Fee (5-9 Vendors)	$100.00
☐ Grocery Store with Deli (over 15,000 Sq Ft)	$715.00	☐ Temporary Event Coordinator Fee (10-19 Vendors)	$150.00
☐ Grocery Store without Deli (up to 15,000 Sq Ft)	$195.00	☐ Temporary Event Coordinator Fee (20-30 Vendors)	$200.00
☐ Grocery Store without Deli (over 15,000 Sq Ft)	$353.00	☐ Coordinator Fee for Late Vendor Entry (13 days prior to event)	$25.00
☐ Limited Retail Food Service	$270.00	☐ Coordinator Fine for Unannounced Vendors Present	$100.00
☐ Mobile Unit (Prepackaged Foods Only)	$270.00	☐ Vendor Fine (Unlicensed or Unannounced)	$115.00 to $255.00
☐ Mobile Unit (Full Service)	$385.00		

Total Paid: $

I do hereby certify that I have complied with all items as listed in the Colorado Retail Food Establishment Regulation, 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 items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Applicant Signature x	**Title**	**Date**
EH Inspector Signature x		**Date**

Please contact the following agencies/personnel for further approval:

Location/Zoning Requirements

- City of Leadville
    - Permitting- Andrew Cummins, acummins@leadville-co.gov. P-719-656-0208
    - Planning- Alex Willis, awillis@leadville-co.gov. P-719-656-0625
- Lake County Government
    - Community Planning- Don Helmick, dhelmick@lakecountyco.gov. P-719-839-2596

City of Leadville Business Licenses

- Ali Rudy- arudy@leadville-co.gov. P-719-656-0624