

645 Parfet Street, Lakewood, CO 80215
(303) 232-6301 FAX (303) 271-5760
jeffco.us/public-health

**VENDOR LICENSE APPLICATION FOR TEMPORARY/SPECIAL
RETAIL FOOD SERVICE ESTABLISHMENT**

****Incomplete applications or applications without payment will not be processed****

A Jefferson County Vendor License is required to operate at Temporary/Special Events in Jefferson County. Applications must be submitted 14 days prior to your first event. Approval cannot be guaranteed on any applications submitted after this time period. Please plan ahead to schedule accordingly.

****If you plan to operate in Jefferson County you must obtain approval from this office****

****You must have your license in your booth at all times****

LICENSE FEE: (payable to Jefferson County Treasurer)

Temporary Vendor (Full Food Service)

- Complete** applications received by this office 14 days or more before the event date \$145.00
- Complete** applications received by this office 13 days or less before the event date \$175.00

Temporary Vendor (Pre-Packaged)

- Complete** applications received by this office 14 days or more before the event date \$125.00
- Complete** applications received by this office 13 days or less before the event date \$155.00

If you have any questions, please contact us at:
PublicHealthTemporaryFoodservice@jeffco.us or (303) 271-5700

Please complete the following:		
Temporary Retail Food Establishment Name	Operator/Owner's Name	
Name of Primary Contact		
Establishment Mailing Address (Street Address and P.O. Box)		
City	State	Zip Code
Telephone Number ()	Best Contact #	
Fax #	E-mail	

Will you be operating more than one booth at the same time? () YES () NO
 (Example: You will be at 2 separate events at the same time on the same day, or 2 booths that are not connected at the same event)

NOTE: You must have a separate Jefferson County License for EACH booth you operate.

NOTE: If you are attending more than 1 event on the same date you must have a separate Jefferson County License for each event you are attending.

LIST OF EVENTS THAT YOU ARE ATTENDING

Event Name	Date	Location

2. FOOD PREPARATION BEFORE THE EVENT

All slicing, chopping, peeling, dicing, shredding, mixing, and pre-washing must be done at an approved commissary. Food prep is not allowed to take place at the event. Food may not be cooked or stored at home. Please complete this section AND the Affidavit of Commissary on Page 8.

I will not be processing any food items prior to the event, skip to #3.

Cooling of Foods (that have been previously cooked)

List specific foods to be cooled:

Food Item	Cooling Method (see choices below)

Foods must be rapidly cooled to 41°F or below.

- Shallow pans (less than 4") in refrigerator or cooler
- Ice paddle or wand
- Using an ice-bath to cool the food product
- Other (specify)

Reheating of Foods

List specific foods to be reheated:

Food Item	Reheating Method (see choices below)

Foods must be re-heated to at least 165°F within two hours of the heating process.

- Microwave oven
- Conventional oven
- Hot plate
- Grill
- Other (specify)

Food Transportation

What equipment will you use to control food temperatures during transport from the commissary to the event? (mark all that apply)

- Coolers with Ice
 Refrigerator
 Cambros for hot foods
 Other (specify) _____

3. FOOD HANDLING AT THE EVENT

NOTE: Unwrapped food on display must be properly covered or protected by sneeze guards

Hot Food Items

How will hot foods be cooked to the minimum required temperature at the site? (mark all that apply)

- Grill Hot plate Microwave Deep fat fryer Oven

Other (specify) _____

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

- Hot holding unit Steam table Held on grill until served
 Held under heat lamps Crock Pot Served immediately after cooking

Other (specify) _____

NOTE: Equipment utilizing fuel-gel canisters (i.e. Sterno®) are NOT allowed at Temporary Events

Cold Food Items

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. All ice must be commercially manufactured.

How will you allow for sufficient ice throughout the entire event? _____

Other (specify) _____

What type of food thermometer (0-220°F) do you have?

- Metal stem probe Thermocouple Digital

How will food contact surfaces be cleaned and sanitized at the event? _____

Sanitizer type (i.e. Chlorine or Quaternary Ammonia): _____

NOTE: Appropriate test strips will be required on-site

Where will utensil washing take place?

- At the commissary Commercial 3-compartment sink unit (i.e. part of a mobile unit)

NOTE: On-site washing in tubs/basins is NOT allowed, extra utensils must be provided so soiled items can be changed at a minimum of every four (4) hours.

Where will potable water be obtained?

- Commissary On-site source (any hoses used to provide water must be food-grade)
 Other _____

Where will wastewater be disposed?

- Commissary Approved on-site receptacle at event Other _____

Waste water SHALL NOT be dumped on the ground or into storm sewer. Waste water must be dumped in an approved receptacle or sanitary sewer.

4. HANDWASHING AND FOOD HANDLING AT THE EVENT

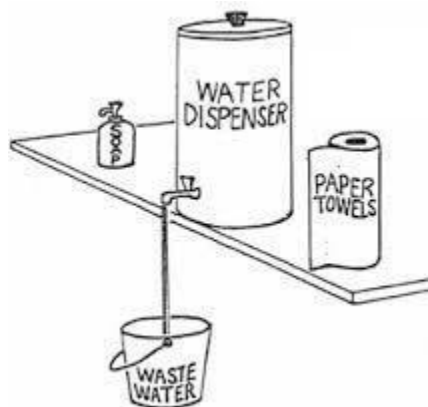
NOTE: Hand washing facilities must be located immediately adjacent to any/all food handling areas

- **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. (skip to #5)
- I will be serving foods that require preparation and / or cooking and will provide for hand-washing.

THE DRAWINGS BELOW SHOW ACCEPTABLE HAND-WASHING STATION COMPONENTS:



NOTE:
Hand sanitizers are NOT an acceptable substitute for required hand-washing station

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

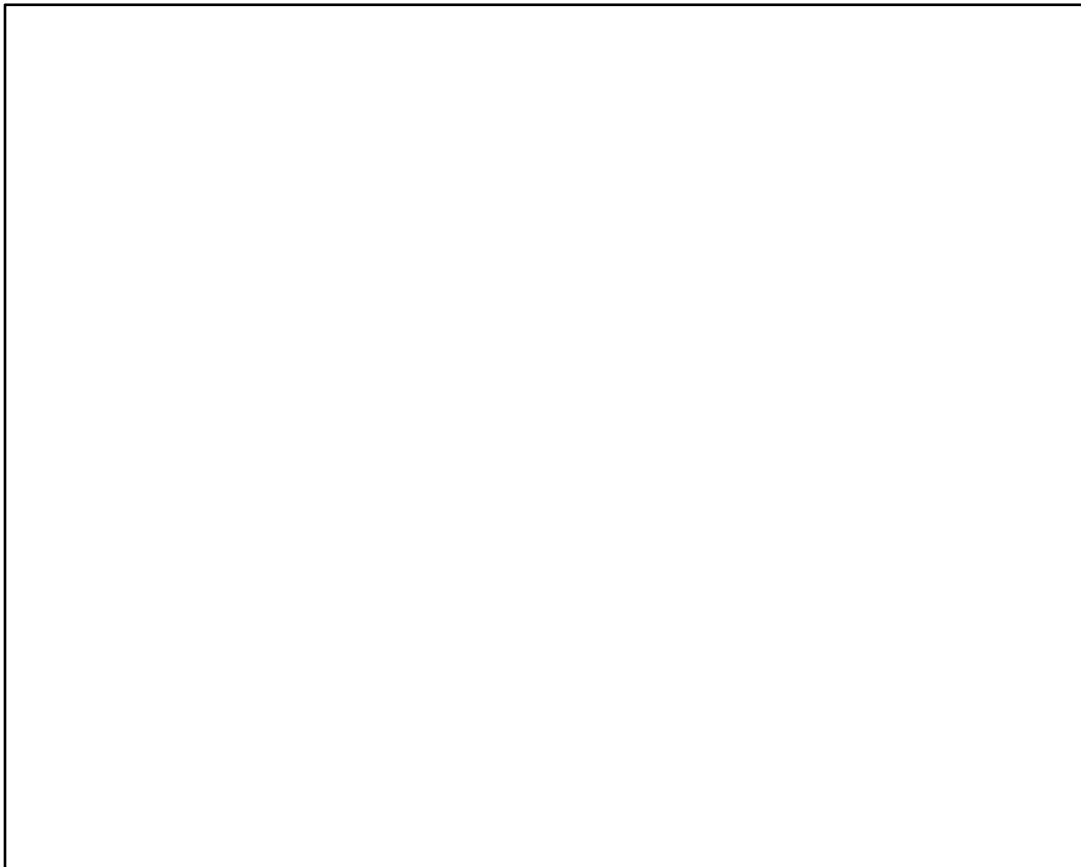
- Tongs Food-grade disposable gloves 'Deli' tissues
- Other (list) _____

5. BOOTH LAYOUT

On this page, provide a drawing of the Temporary Food Establishment /Booth. Identify and describe all equipment. The drawing should include the following (if applicable):

- | | |
|--|---|
| <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 and single service storage | <input type="checkbox"/> Garbage or trash containers |
| <input type="checkbox"/> Customer service area | <input type="checkbox"/> Potable water lines |

Booth Layout



CERIFICATION OF APPLICANT

By signing below, I agree that I will operate my booth in accordance with the Colorado Retail Food Establishment Rules and Regulations and will immediately correct any violations found during an inspection. My **original** Jefferson County License will be posted. I also understand that my license to operate may be suspended or revoked for non-compliance with these requirements and I may be removed from the event.

Signature

Date

COMMISSARY AGREEMENT

I, _____ of _____,
(Commissary Operator) (Commissary)

located at _____
(Address of Commissary)

ONLY COMMISSARIES LOCATED IN JEFFERSON COUNTY AND THE CITY AND COUNTY OF DENVER WILL BE CONSIDERED FOR APPROVAL.

do hereby give my permission to _____
(Operator of Mobile Unit / Temporary Vendor)

to use my kitchen facilities daily during periods of operation to perform the following:

- | | |
|--|---|
| _____ Ware washing | _____ Service and cleaning of the equipment |
| _____ Filling water tanks | _____ Dumping waste water |
| _____ Storage of foods, single service items, and cleaning agents. | _____ Preparation of foods such as vegetables, fruits, cutting meats, cooking, cooling, or reheating. |

for the calendar year of _____.
(Current Calendar Year)

PLEASE INITIAL THE FOLLOWING STATEMENT (Mobile Unit Operator / Temporary Vendor):

_____ As the operator of the mobile unit or as a temporary vendor, I agree to report to the
(Initials) commissary once every 24 hours.

PLEASE INITIAL THE FOLLOWING STATEMENT (Commissary Operator):

_____ As the operator of the commissary, I agree maintain a commissary use log detailing
(Initials) the dates and times the mobile unit or temporary vendor utilized my facility to perform the asks listed above.

Commissary Operator, please describe how and where commissary use log will be maintained:

Commissary Operator

Date

Phone Number

Email

This Commissary Agreement is valid for the current calendar year only specified in the agreement above and must be resubmitted at the time of license renewal.