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**PLAN REVIEW for PUSHCARTS and MOBILE RETAIL FOOD ESTABLISHMENTS - Instructions and Application Forms**

**USE THIS PACKET TO HAVE YOUR PLANS FOR A PUSH CART OR MOBILE RETAIL FOOD ESTABLISHMENT REVIEWED AND APPROVED BY THE DEPARTMENT. APPROVAL IS REQUIRED PRIOR TO OBTAINING A FOOD SERVICE LICENSE AND COMMENCING OPERATION.**

**DEFINITIONS**

- **Pushcart** means a retail food establishment that is a non-motorized, non-self propelled unit designed so foods are served from the exterior of the unit, and which is intended to physically report to and operate from a commissary for servicing, restocking and maintenance daily.
- **Mobile Retail Food Establishment** means a retail food establishment that is a wheeled vehicle or trailer that is intended to physically report to and operate from a commissary for servicing, restocking and maintenance daily.

**INSTRUCTIONS**

Please submit the following:

- Completed application
- Scaled plot plan of the unit, including top and side views, manufacturer’s specification sheets, sinks, cooking and refrigeration units, etc.
- Proposed menu
- Other required documents as listed on the application
- Check for **\$100.00**, payable to Jefferson County Treasurer. You will be invoiced for other fees.

**PLAN REVIEW FEES\***

- Application fee (payable at time of application) **\$ 100.00**
- Plan review fee and Inspection Fees (payable prior to licensing) **\$ 75.00 per hour\***

\* TOTAL HOURLY FEES NOT TO EXCEED \$580.00

**LICENSE FEES**

Retail Food license issued by this department are recognized as valid throughout the state of Colorado **NOT INCLUDING THE CITY AND COUNTY OF DENVER**. License Fees are listed below:

- Full Food Service Mobile Unit **\$385**
- Prepackaged Food Only Mobile Unit **\$270**

**IMPORTANT NOTE: A retail food license will expire on December 31st of the year it was purchased.**

**PROCESSING TIME**

Allow 10-14 days for review. **Incomplete applications will delay this process.** The primary contact person will be notified when the review is complete..

Application Date: \_\_\_\_\_

Date of Planned Opening: \_\_\_\_\_

# MOBILE UNIT PLAN REVIEW FORM

## ESTABLISHMENT INFORMATION

Name of Mobile Unit:		Phone:
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart <input type="checkbox"/> Self-Contained Unit <sup>1</sup> <input type="checkbox"/> Prepackaged Only <sup>2</sup>		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website/Facebook Page:		

## OWNERSHIP INFORMATION

Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

## CONTACT INFORMATION ( CHECK IF SAME AS ABOVE )

Name of Primary Contact:		Phone:
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	

## LICENSING INFORMATION

Has your mobile unit been previously licensed in Colorado? YES / NO		
If yes, provide the following information	Year:	County license issued in:
Colorado State Sales Tax Account Number: <span style="color: pink;">REQUIRED PRIOR TO LICENSING</span>		

## DAYS AND HOURS OF OPERATION

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

## CIRCLE ALL MONTHS YOU PLAN TO OPERATE

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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## PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED PER SHIFT, WHERE APPLICABLE

Breakfast		Lunch	
Dinner			
What is the maximum number of staff working during hours of operation?			

## OPERATING LOCATION(S)

List all that apply:

<sup>1</sup> Self-Contained Mobile Unit: See definition and additional requirements in Annex page 4.

<sup>2</sup> Prepackaged Only: For operations that offer prepackaged foods only, please complete page 1, provide a menu, and contact your Local Public Health Agency.

**Below is a checklist of required information needed to complete the plan review.  
Please ensure all information is included.**

**\*\*Lack of complete information will delay review and plan approval.\*\***

Menu	Table 5: Hot Holding Unit
Table 1: Food Handling Procedures	Table 6: Manual Warewashing
Floor Plan/Equipment Layout	Table 7: Water Heater
Table 2: Finish Schedule	Water Supply Information
Table 3: Ventilation	Wastewater Tank/Disposal Information
Equipment Specifications	Commissary Agreement
Table 4: Refrigeration and Freezer Capacity	

**I. MENU AND FOOD HANDLING PROCEDURES**

- A. Submit a complete menu.
- B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

<b>TABLE 1 FOOD HANDLING PROCEDURES</b>				
Procedure	Y	N	If yes, indicate where procedure will take place	
			Commissary	Mobile
Will produce be washed?				
Will frozen foods be thawed?				
Will foods be prepared in advance? <i>(e.g. sliced, chopped, etc.)</i>				
Will food be cooked?				
Will food be rapidly cooled?				
Will food be rapidly reheated?				
Will food be held hot?				
Will food be held cold?				

**\*\* Food shall be obtained from approved sources that comply with the applicable laws relating to food and food labeling\*\***

**\*\*Preparation of food or storage of any items related to the operation is prohibited in a personal home.\*\***

1. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.
  - Utensils
  - Gloves
  - Deli Tissue
  - Other: \_\_\_\_\_

**II. FLOOR PLAN/EQUIPMENT LAYOUT:**

A. Submit a floor plan drawn to scale that includes the location and identification of all equipment, plumbing fixtures and storage areas, including but not limited to the items listed below. Check all that apply to the mobile unit. **NOTE:** All equipment related to the operation must be of commercial design that is certified or classified for sanitation by an American National Standards Institute (ANSI) certification program or a design that is approved by the Department.

- Handsinks
- Food Preparation Sinks
- Warewashing Sinks
- Mop Sink
- Storage Area
- Refrigeration Units
- Hot Holding Units
- Ventilation
- Water Heater
- Water Supply Tank
- Wastewater Tank
- Drainage Pipes
- Outdoor Cooking Equipment
- Spare Tires, Tools, Hoses, etc.

**III. PHYSICAL FACILITIES**

A. Complete the finish schedule in *Table 2* below to indicate interior finishes for the mobile unit.

TABLE 2 FINISH SCHEDULE						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless</i> <i>Example</i>	<i>Smooth</i>	<i>Rubber Cove</i>	<i>FRP</i> <i>Example</i>	<i>Smooth</i>	<i>Stainless</i> <i>Example</i>	<i>Smooth</i>

B. **Windows and Doors:** To prevent the entry of pests, outer openings must be protected.

1. Are windows and doors screened? YES / NO / N/A, unit is a push cart  
If no, please describe how the unit will be protected from pest entry:

\_\_\_\_\_

2. Are service windows self-closing? YES / NO / N/A, unit is a push cart  
If no, please describe how the unit will be protected from pest entry:

\_\_\_\_\_

C. **Ventilation:** *If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood is required.*

1. If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer's recommended exhaust listings in cubic feet per minute (CFM)s.

TABLE 3 VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

**IV. EQUIPMENT SPECIFICATIONS:**

- A. Submit equipment specification sheets, including make and model numbers. All equipment must be of commercial design, certified by an ANSI accredited certification program, or a design approved by the department. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide information on refrigeration/freezer capacities and hot holding units by completing *Table 4* and *Table 5* below.

TABLE 4 REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	TOTAL CUBIC FEET
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

TABLE 5 HOT HOLDING UNITS	
TYPE OF UNIT	# OF UNITS PROVIDED
Steam Tables	
Hot Box	
Cook & Hold Units	
Other hot holding storage:	

**V. UTENSILS AND WAREWASHING**

A. Where will utensil washing take place? (Check all that apply)

- Commissary 3-compartment sink
- Commissary mechanical dishwasher
- Mobile unit 3-compartment sink

B. If utensil/equipment washing will take place on the mobile unit, provide specifications for the 3-compartment sink in *Table 6* below.

TABLE 6 MANUAL WAREWASHING				
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS OF (inches) SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	

**\*\*Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.\*\***

**VI. WATER SYSTEMS:**

A. Please provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan.

B. **Hot Water**

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)

- Water Heater
- Passive System / Heat Exchanger (eg. water is heated as it passes by the heating element)
- Other (specify): \_\_\_\_\_

2. If a water heater is installed, complete *Table 7* below.

TABLE 7 WATER HEATER			
Make	Model #	KW/BTU Rating	Tank Capacity

**C. Water Supply Information**

1. Provide location where water will be obtained below.

_____	_____	_____	_____
Business Name	Street Address	City	State/Zip

2. Provide water supply tank capacity (in gallons) below.

\_\_\_\_\_

3. Provide the maximum number of hours operating between filling water supply tank below.

\_\_\_\_\_

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

- 3-compartment sink (Indicate number of sinks): \_\_\_\_\_
- Handsink (Indicate number of sinks): \_\_\_\_\_
- Food preparation sink (Specify dimensions in inches LxWxD): \_\_\_\_\_
- Pre-rinse sprayer
- Utensil soak sink
- Mop sink
- Dishmachine
- Other (specify): \_\_\_\_\_

**D. Wastewater Tank/Disposal Information**

1. Provide location where wastewater will be disposed of below.

_____	_____	_____	_____
Business Name	Street Address	City	State/Zip

2. Provide wastewater tank capacity (in gallons) below.

\_\_\_\_\_

**NOTE: The wastewater tank must be at least 15% larger than water supply tank.**

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- Drinking water inlet above waste outlet
- Different colored or sized hoses
- Different colored or sized removable tanks
- Different threads on inlet and outlet
- Other (specify): \_\_\_\_\_

**MOBILE UNIT 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)

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):**

\_\_\_\_\_ As the operator of the mobile unit, I agree to report to the commissary once every  
(Initials) 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 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.**