FREMONT COUNTY
DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
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VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete and submit to the Event Coordinator for each event in **FREMONT** County. ***If no menu and no equipment changes are occurring from one event to another, the completed original may be copied and a copy submitted for each subsequent event.*** Please attach a copy of your current Temporary/Special Event or mobile unit **Colorado Retail Food Establishment License**, if you are already licensed.

Event Name: _____ Date(s):_____

Please complete the following information:		
Temporary Retail Food Establishment Name	Legal Owner's Name	
Establishment Address(Street Address and P.O. Box)		
City	State	Zip Code
Telephone Number ( )	Fax #	
Contact Name	Contact #	
Which county issued your license?	E-mail	

All vendors shall have the original Colorado Retail Food Establishment license on premise at all times

Are you:

Unlicensed _____ Non-profit (provide documentation) _____
Licensed Temporary Event (provide copy) _____ Licensed Mobile Unit (provide copy) _____
Obtaining your license from Fremont County during the event (prior arrangements must be made) _____
Approved for your license from another county but the actual license has not been issued yet (attach documentation such as a receipt for your license and a copy of an approved inspection report from that county)_____
Cottage Foods_____ (list Cottage Foods that you will be selling on Page 2 under MENU (***you don't need to complete anything beyond MENU).***

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? _____

Please list any additional events and dates that you plan on participating in Fremont County

Event name_____ Date _____ Location _____
_____ _____ _____
_____ _____ _____

FOR HEALTH DEPARTMENT USE

Licensed _____ APPROVED
Needs a license _____ Yes_____
Non-profit _____ No _____
Fremont County issuing license during the event_____
Cottage Foods_____
EH Specialist Signature _____ *Date* _____

MENU *(Please attach additional sheet, 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	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.							

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 5 gallons** of warm drinking (potable) water shall be provided in a container with a 'hands-free' spigot; more water may be required based on menu, equipment and hours of operation
  2.) soap
  3.) paper towels
  4.) **7** gallon bucket (minimum) to catch and contain wastewater until it is properly disposed

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 _____

Waste water 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) _____

Food Handling at the Booth *(Please attach additional sheets, as necessary.)*
List all menu items, including beverages, to be served from the temporary food booth. Check which food handling procedure each menu item requires at the booth.

Food	**Cold Holding**	**Reheat**	**Cook/ Grill**	**Hot Holding**	**Assemble**	**Other**
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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 or other gel fuel 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

Onsite warewashing is prohibited unless otherwise approved by the Department.

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**

Note: Overhead protection/cover is required.

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

The commissary for vendors operating at an event of more than one (1) day in duration shall be within 30 minutes or 30 miles of the event.

This Commissary Agreement is valid for this calendar year only.