

Temporary/Special Event Food Vendor Application

Please note that a \$50 fee is required for **each** vendor at **each** temporary/special event unless you have a retail food license; are selling whole foods; are a Cottage Foods vendor; or are a nonprofit. *Please contact us if you meet the criteria for a "no-fee" license. You must provide evidence of your vendor status with this application.*

In order to pay the fee, please call the Delta County Health Department at (970) 874-2166. If you do not pay the fee, you will not be permitted to sell food at the event.

Vendor/Business Information

Name of Business:		Business Owner (LLC, Individual, etc.):	
Business Address:			
City:	State:	Zip Code:	
Mailing Address:			
City:	State:	Zip Code:	
Contact Name:	Phone Number:	Email:	

Please indicate which type of food vendor you are:

- Temporary/Special event food vendor (**\$50 fee per vendor, per event**)
- Cottage Foods vendor or raw, unprocessed fruits and vegetables vendor (NO FEE)
- Whole, in-the-shell raw egg or raw meat vendor (NO FEE)
- Registered non-profit temporary/special event food vendor (NO FEE)
- Licensed retail food establishment: mobile unit, restaurant, etc. (NO ADDITIONAL FEE)

RFE License No. _____ Issuing Agency: _____

Menu Description

Please attach a copy of your event menu or food items for sale including the following items:

- Menu or food items for sale
- Ingredients (if applicable)
- Source of ingredients (Where did you get the food or ingredients?)

I HEREBY AGREE TO COMPLY WITH THE RULES AND REGULATIONS GOVERNING THE SANITATION OF FOOD ESTABLISHMENTS IN THE STATE OF COLORADO. IF MY FOOD SERVICE FACILITY IS INSPECTED BY THE HEALTH DEPARTMENT AND FOUND TO BE IN VIOLATION OF ANY FOOD SERVICE RULES OR REGULATIONS, I WILL IMMEDIATELY CEASE FOOD SERVICE OPERATIONS UNTIL AUTHORIZED TO RESUME BY THE HEALTH DEPARTMENT.

Applicant Signature: _____

Date: _____

Hot and Cold Holding Equipment (if applicable)

What equipment will you use to maintain and control cold holding temperatures (41°F or below) during transportation and/or at the event(s)?

- Cooler or ice chest (must be drainable and foods must be in sealed containers)
- Refrigeration
- Ice bath
- N/A
- Other (specify): _____

What equipment will you use to maintain and control hot holding temperatures (135°F or above) during transportation and/or at the event(s)?

- Food warmer (holding cabinets, hot boxes, slow cookers, steam table, etc.)
- Chafing pans and burner
- Stovetop
- Insulated bags
- N/A
- Other (specify): _____

NOTE: A food thermometer must be on-site and used during the event to make sure foods are at the correct temperatures.

Bare Hand Contact (if applicable)

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

- Food grade disposable gloves
- Utensils (tongs, scoops, etc.)
- Deli Tissue
- Other (specify): _____

Water Source and Disposal (if applicable)

Where will you be obtaining your potable (clean) water?

- Commissary
- At the event
- Other (specify): _____

Note: Hoses must be food grade and not used for other purposes.

Where will you be disposing your waste water?

- Commissary
- At the event
- Other (specify): _____

Note: Wastewater cannot be dumped onto the ground, street or in storm drains.

Handwashing (if applicable)

A handwashing station located within each vending booth is required unless only prepackaged food requiring no assembly or cooking will be served.

Check which option applies to your operation:

- I will be serving only prepackaged foods that require no preparation and/or cooking
- I will have a hand washing sink with hot and cold water under pressure (with soap and paper towels as required).
- I will have the following for my hand washing station set up:
 - At least 5 gallons of warm potable (clean) water in a container with a “hands-free” spigot
 - Soap and Paper towels
 - Container to catch wastewater
 - Trash container for used paper towels

NOTE: Hand sanitizer is not an acceptable substitute for handwashing.

Commissary Agreement (if applicable)

Date: _____

I, _____ of _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment , City, State, Zip)

give my permission to _____ of _____
(Mobile Unit Owner/Operator) (Name of Mobile Unit/Vendor)

to use my facilities to perform the following tasks on their operational days:

- Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Dumping mop water
- Storage of foods, single service items, and cleaning agents
- Service and cleaning of equipment
- Other (specify): _____

A **Commissary Use Log** will be maintained and made available to the department upon request. Indicate how and where the commissary use log will be maintained: _____

Commissary Water Supply:

- Public Private Public Water System ID Number (PWSID#): _____

Commissary Sanitary Sewer Services:

- Public Private

Commissary Start Date: _____

Commissary End Date: _____

Signature: _____
(Commissary Owner/Operator)

Date: _____

Commissary Phone: _____

Commissary Email: _____

This Commissary Agreement is valid until the end date