



700 Columbine St., Sterling, CO 80751 - (970) 522-3741 - 877-795-0646 - www.nchd.org

VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete and submit to Event Coordinator for each event in NCHD's jurisdiction. If no menu and no equipment change is occurring from one event to another, the completed original may be copied. Please attach a copy of your current NCHD Temporary Event License or State of Colorado Mobile Unit License.

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 of NCHD's counties issued your license?	E-mail	

Are you:

Unlicensed _____ Non-profit (provide documentation) _____
 Licensed Temporary Event (NCHD) _____ Licensed Mobile Unit (CDPHE) _____

****If you are a sole proprietor & do not have a current Retail Food License, please see page 6****

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 NCHD Counties:

Event name(s)	Date(s)	Location(s)

FOR HEALTH DEPARTMENT USE

Licensed Needs a license Non-profit

APPROVED: Yes No

EH Representative 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.							
10.							

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 2 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

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)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Grill | <input type="checkbox"/> Hot plate |
| <input type="checkbox"/> Deep fat fryer | <input type="checkbox"/> Oven |
| <input type="checkbox"/> Microwave | |
| <input type="checkbox"/> Other (specify) _____ | |

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

(Sterno burners are prohibited)

- | | |
|--|---|
| <input type="checkbox"/> Hot holding unit | <input type="checkbox"/> Steam table |
| <input type="checkbox"/> Held under heat lamps | <input type="checkbox"/> Served immediately after cooking |
| <input type="checkbox"/> Crock-pot | <input type="checkbox"/> Held on grill until served |
| <input type="checkbox"/> 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? _____

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Metal stem probe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Digital |
|---|---------------------------------------|----------------------------------|

Where will utensil washing take place?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Commercial 3-compartment sink unit |
|-------------------------------------|---|

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:

- | | |
|--|---|
| <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 containers |
| <input type="checkbox"/> Customer Service area | |



COMMISSARY AGREEMENT

Date: _____

I, _____ of _____,
(Commissary Owner/Manager Name) (Facility/Commissary Name)

located at _____
(Address of Facility/Commissary)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

<input type="checkbox"/>	Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, and reheating	<input type="checkbox"/>	Storage of foods, single service items, and cleaning agents
<input type="checkbox"/>	Ware washing	<input type="checkbox"/>	Service and cleaning of the equipment
<input type="checkbox"/>	Filling water tanks	<input type="checkbox"/>	Dumping waste water
<input type="checkbox"/>	Other (list here):		

- 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-Compartment Sink Dish Machine
 - Refrigeration Cooling Equipment Dry Storage
 - Other _____
- Commissary Use Log will be maintained in the following location: _____

 Commissary Owner/Operator

 Phone Number

This Commissary Agreement is valid for the current calendar year only and is non-transferrable.

All licenses, certifications, and registrations issued to *individual owners or sole proprietors* by the Northeast Colorado Health Department must be accompanied by verification of citizenship. This requirement does *not* apply to you if you are *not* an individual owner or sole proprietor. Verification includes completing the affidavit and providing a **notarized** copy of an approved identification. Approved identification includes:

- A valid Colorado driver's license or a Colorado identification card;
- A United States military card or a military dependent's identification card;
- A United States Coast Guard Merchant Mariner card; or
- A Native American Tribal Document.

In addition to the above listed forms of identification, the following will be allowed.

- A certificate verifying *naturalized* status issued by an authorized agency of the United States bearing applicant's intact photograph impressed with the raised embossed seal of the issuing agency;
- A certificate verifying United States *citizenship* issued by an authorized agency of the United States bearing applicant's intact photograph impressed with the raised embossed seal of the issuing agency, or;
- Other approved State's driver's license or identification card. Not all states verify lawful presence prior to issuing license. Therefore, only those identification cards issued by the States listed below are deemed acceptable:

Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wyoming.

AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____

Date _____

Firm's Legal Name: _____

Firm's Site Address: _____
Street / Unit City State Zip