



Eagle County Department of Environmental Health
P.O. Box 179
500 Broadway
Eagle, Colorado 81631-0179
Telephone: (970) 328-8755
Fax: (970) 328-8788
environment@eaglecounty.us

FOOD VENDOR APPLICATION FOR TEMPORARY EVENTS

All vendors must complete and submit this information to Environmental Health no less than 2 weeks prior to your event. Lack of a timely, complete plan review submittal can prevent you from operating in Eagle County.

If you are serving food at a **Temporary Event** in Eagle County for the first time this year, please complete the following **Temporary / Special Events Operational Plan Review Form**. **There is a \$100.00 fee payable to the Eagle County Treasurer upon submittal.**

*If you are already licensed in Colorado to participate in Temporary or Multiple Events, please attach a copy of your current temporary or multiple events license. If you were licensed in Eagle County last year, and there are no changes to your operation, please complete a **renewal affidavit**.*

Please write legibly and complete the following:

Temporary Retail Food Establishment Name:		Legal Owner's Name:	
Establishment Address(Street Address or P.O. Box):			
City:		State:	Zip Code:
Telephone #:		Fax #:	
If you are already licensed, which county issued your license?		E-mail Address:	

List the events you plan to participate in

Name:	Date(s):
Name:	Date(s):
Name:	Date(s):
Name:	Date(s):
Name:	Date(s):

All vendors shall have the original Colorado Temporary or Multiple Event Food Establishment license on premise at all times

1. Are you (mark one):

Unlicensed: ☐

Currently Licensed temporary vendor (provide copy): ☐

Non-Profit (provide documentation): ☐

Licensed Mobile Unit (provide copy): ☐

2. How many people do you anticipate serving each day of the event?

FOR HEALTH DEPARTMENT USE	Approved:
Licensed: <input type="checkbox"/>	Yes: <input type="checkbox"/>
Needs License: <input type="checkbox"/>	No: <input type="checkbox"/>
Non-profit: <input type="checkbox"/>	EH Specialist Signature: _____ Date: _____

3. MENU *(Please attach additional sheets, 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.	

4. FOOD PREPARATION

Please list all menu items requiring preparation. Also place a check in the box indicating where the preparation takes place.

C = Commissary/Commercial Kitchen

E = Event

FOOD	Thaw		Cut/ Assemble		Cook/ Bake		Cool		Reheat		Cold Holding		Hot Holding	
	C	E	C	E	C	E	C	E	C	E	C	E	C	E
Sample: Chili	X		X		X		X			X				X
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is the name and location of your commissary? (Complete Commissary Agreement on page 6.)

Name:

Contact Person and Phone #:

FOOD HANDLING AT THE COMMISSARY

6. Cooling

How will foods be rapidly cooled to 41°F or below? (mark all that apply)

- ☐ Shallow Pans
☐ Using an ice-bath to cool the food product
☐ Ice paddle or wand
☐ Other (please specify) _____

7. Reheating

How will foods be re-heated to at least 165 degrees F? (mark all that apply)

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Oven | <input type="checkbox"/> Hot Plate |
| <input type="checkbox"/> Grill | <input type="checkbox"/> Other (please specify) _____ | |

8. Transport

Please provide the distance that you will be transporting food to the event:

What equipment will you use to control temperatures during transport?

- | | |
|---|---|
| <input type="checkbox"/> Coolers with ice | <input type="checkbox"/> Cambros for hot foods |
| <input type="checkbox"/> Cambros for cold foods | <input type="checkbox"/> Other (please specify) _____ |

AT THE EVENT

9. HANDWASHING

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 mark the space below that applies to your booth / unit.

A. I will be serving only prepackaged foods that require no preparation and/or cooking. ☐

B. I will be serving foods that require preparation and/or cooking and will provide the following for hand-washing:

- ☐ A minimum of 2 gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot
- ☐ Soap
- ☐ Paper towels
- ☐ 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.

10. Where will wastewater be disposed?

- ☐ Commissary
- ☐ Approved on-site receptacle at event
- ☐ Other (please specify) _____

Wastewater CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from your event coordinator where this is located for each event.

11. Food Handling at the Booth (Please attach additional sheets, as necessary.)

A. Hot Food Items

I. How will 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/Stove |
| <input type="checkbox"/> Microwave | |
| <input type="checkbox"/> Other (please specify) | _____ |

II. Reheating

How will hot foods be held at 135°F or above at the event? (Sterno burners are prohibited - mark all that apply)

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

III. What utensils will you use to serve or dispense the hot items?

B. Cold Food Items

I. How will foods be held 41°F or below at the event? (mark all that apply)

- ☐ Refrigerator/Freezer
☐ Ice chest (*must be drainable and foods may not contact ice unless packaged and sealed*)
☐ Other (please specify) _____

II. What kind, and how many, food thermometers do you have?

- ☐ Metal Stem probe ☐ Digital
☐ Thermocouple

III. What utensils will you use to serve or dispense the cold items?

12. OPERATIONS

A. How will you prevent bare hand contact with ready to eat foods? (mark all that apply)

- ☐ Tongs ☐ Food grade disposable gloves
☐ Deli tissues ☐ Other (please specify) _____

B. Where will utensil washing take place?

- ☐ Commissary
☐ Commercial 3-compartment sink at event

C. What sanitizer will be used for wiping cloths?

- ☐ Chlorine ☐ Quaternary Ammonia
☐ Other (please specify) _____

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 | <input type="checkbox"/> Personal item storage/ Break area |

Eagle County Environmental Health Department
COMMISSARY AGREEMENT
For temporary retail food operation or mobile unit

Date: _____

I, _____ of, _____
(Owner/Operator of commissary) (Establishment name)

, located at _____ do hereby give permission to _____

(Commissary Address)

(Temporary or mobile unit establishment name)

To utilize 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"/> Dishwashing |
| <input type="checkbox"/> Storage of foods, single service items and cleaning agents | <input type="checkbox"/> Filling water tanks |
| <input type="checkbox"/> Service or cleaning of equipment | <input type="checkbox"/> Dumping waste water |
| <input type="checkbox"/> Other (please specify) _____ | |

Commissary water supply? Municipal: ☐ Well: ☐
Commissary sanitary sewer service? Municipal: ☐ Well: ☐

Hours commissary is available for booth operator use:

Monday		Tuesday		Wednesday		Thursday		Friday	
	To		To		To		To		To
Saturday		Sunday							
	To		To						

Indicate the equipment available at the commissary for the proposed uses above:

- | | | | |
|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Hand sink | <input type="checkbox"/> Prep sink | <input type="checkbox"/> Mop sink | <input type="checkbox"/> Three bay sink |
| <input type="checkbox"/> Dish machine | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Freezer | <input type="checkbox"/> Cooling equipment |
| <input type="checkbox"/> Dry Storage | <input type="checkbox"/> Other (specify) _____ | | |

Signature, Owner/Operator of Commissary _____

Phone # _____

THIS COMMISSARY AGREEMENT IS VALID FOR THE CALENDAR YEAR ONLY.

Submit to:

Eagle County Environmental Health
PO Box 179, 500 Broadway
Eagle, CO 81631-0179
E-mail: environment@eaglecounty.us
Fax: (970) 328-8788