



## Vendor Application for Special Events with Food and Drink

**ALL VENDORS** please submit this application to the Mesa County Health Department once prior to your first event to obtain your annual Mesa County Approval. Please allow two weeks for processing. *If licensed in Colorado but outside of Mesa County also include a copy of your Colorado Retail Food Establishment License.* **VENDORS NOT LICENSED IN COLORADO** please submit \$100 plan review fee with your application to begin the licensing process. ALL vendors will receive a one-page Mesa County Approval form to then submit to each event coordinator.

**Please complete the following information:**

|  |       |                                   |  |
|--|-------|-----------------------------------|--|
| Retail Food Establishment Name                     |       | Legal Owner's Name                |  |
| Establishment Address(Street Address and P.O. Box) |       |                                   |  |
| City   | State | Zip Code                          |  |
| Contact Name                                       |       | Contact #                         |  |
| E-mail   |       | Which county issued your license? |  |

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

**Are you: (Check one)**

Unlicensed (Submit with \$100 fee) \_\_\_\_\_

Licensed Temporary Retail Food Establishment \_\_\_\_\_

Licensed Mobile Unit\* \_\_\_\_\_ \*Some options provided throughout form are not applicable.

**Colorado Sales Tax #** \_\_\_\_\_

**How many people do you anticipate serving each day of the event?** \_\_\_\_\_

**Please list ALL events you plan to attend in Mesa County.**

|                  |            |                |
|------------------|------------|----------------|
| Event name _____ | Date _____ | Location _____ |
| _____            | _____      | _____          |
| _____            | _____      | _____          |
| _____            | _____      | _____          |

### COMMISSARY

All special event vendors are required to have a local commissary within 30 minutes or 30 miles of your event in Mesa County. Self-contained mobile units do not have to have a commissary if all operations can adequately be done in the mobile unit. If your operation does not need a commissary in Mesa County please provide the reasoning in writing.

\_\_\_\_\_  
\_\_\_\_\_

**Name and location of Mesa County commissary:** \_\_\_\_\_  
**Please complete Commissary Agreement on page 5 of this plan review.**

**MENU-In addition to detailing processes below please submit a complete menu with this application.**

List all items requiring preparation below. Place a √ in the appropriate box stating where each process takes place.

**C = Commissary/Commercial Kitchen    E = Event**

| Food                  | Thaw |   | Cut/<br>Assemble |   | Cook/<br>Bake |   | Cool |   | Reheat |   | Cold<br>Holding |   | Hot<br>Holding |   |
|-----------------------|------|---|------------------|---|---------------|---|------|---|--------|---|-----------------|---|----------------|---|
|                       | C    | E | C                | E | C             | E | C    | E | C      | E | C               | E | C              | E |
| <b>Example: Chili</b> | √    |   | √                |   | √             |   | √    |   | √      |   |                 |   |                | √ |
| 1.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 2.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 3.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 4.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 5.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 6.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 7.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 8.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 9.                    |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 10.                   |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 11.                   |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 12.                   |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 13.                   |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 14.                   |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |
| 15.                   |      |   |                  |   |               |   |      |   |        |   |                 |   |                |   |

**FOOD HANDLING AT THE COMMISSARY**

**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° F? (mark all that apply)

- Microwave
- Grill
- Oven/ Stove
- 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
- Commercial refrigeration
- Other (specify) \_\_\_\_\_

## HANDWASHING SET-UP

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 have a handwash sink with hot and cold water under pressure supplied with soap and paper towels.
- I am a temporary event set up and will be serving open foods or beverages and will provide the following for hand-washing:

- 1) A minimum of **5** gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot (both hands can be washed under running water at the same time)
- 2) Soap
- 3) Dispensed paper towels
- 4) Tall container or large trash can to catch wastewater until it is properly disposed

*NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.*

## POTABLE AND WASTE WATER

Where will you obtain water?  Commissary  At event  Other \_\_\_\_\_

Will you be using a hose to obtain water? \_\_\_\_\_ If yes, is your hose food-grade quality? \_\_\_\_\_

If using a hose(s), do you have a backflow preventer for each hose you will be using? \_\_\_\_\_

Where will wastewater be disposed?

- Commissary
- Approved on-site receptacle at event
- Other \_\_\_\_\_

*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.*

## FOOD HANDLING AT THE BOOTH

### Hot Food Items

1. How will these foods be cooked at the event? (mark all that apply)

- Grill
- Hot plate
- Deep fat fryer
- Oven/Stove
- Microwave
- Smoker
- 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)**

- Steam table
- Held on grill until served
- Served immediately after cooking
- 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 stored in sealed containers*
- 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 \_\_\_\_\_

**OPERATIONS**

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

- Tongs
- Food-grade disposable gloves
- Deli tissues
- Other (list) \_\_\_\_\_

**Where will vegetables and/or fruit be washed?** \_\_\_\_\_  N/A

**Where will utensil washing take place?** (Washing utensils in 3 wash tubs is not allowed.)

- Commissary
- Commercial 3-compartment sink in booth/mobile unit

**If providing a three compartment sink in your mobile unit or booth please indicate sizes below.**

3 compartment sink bays (if bays are different sizes please indicate otherwise if they are the same provide once):

Length \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Drainboards:

Soiled: Length \_\_\_\_\_ Width \_\_\_\_\_ Clean: Length \_\_\_\_\_ Width \_\_\_\_\_

How many gallons of water can your water tanks hold?

N/A Potable: \_\_\_\_\_ gallons Gray: \_\_\_\_\_ gallons

**What sanitizer will be used for wiping cloths?**

- Chlorine
- Quaternary Ammonia
- Other (specify) \_\_\_\_\_

**\*Test kits shall be provided to test sanitizer concentrations.\***

**BOOTH LAYOUT- Provide a drawing of the Temporary Food Establishment or Mobile Unit.** Identify all equipment. The layout shall include the following:

- Cooking equipment
- Hand washing facilities
- Food and single service storage
- Customer service area
- Hot and cold holding equipment
- Work surfaces
- Garbage containers
- Personal item storage/ Break area

**\*\*\*PLEASE SUBMIT A COPY OF THE MENU WITH THE APPLICATION\*\*\***

**Submit to:**

Environmental Health  
 PO Box 20,000-5033  
 Grand Junction, CO 81502  
 environmental.health@mesacounty.us  
 Ph (970) 248-6900 Fax (970) 248-6923

**DEPARTMENT USE ONLY**

|  |   |   |   |   |                           |
|--|---|---|---|---|---------------------------|
| <b>Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Turnkey |   | <b>Fee:</b> <input type="checkbox"/> N/A <input type="checkbox"/> \$100 |   | Receipt # _____                                       | Date paid: _____          |
| EH Specialist _____  |   |   |   | Type Special Event Open or Special Event Pre-packaged |                           |
| Program Element _____  |   |   |   | Frequency   | 0.5    1    2             |
| Menu risk  | 1 | 2   | 3 | N/A   | Enter date _____ By _____ |

Mesa County Health Department  
**Commissary Agreement**  
for Temporary Retail Food Operation or Mobile Unit

\_\_\_\_\_ Date

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Owner/ Operator of Commissary) (Establishment Name)

located at \_\_\_\_\_  
(Address of Commissary)

do hereby give permission to \_\_\_\_\_  
(Name of Temporary Retail Food Operation or Mobile Unit)

to use my kitchen facilities for:

|  |  |
|--|--|
| <input type="checkbox"/> Preparation of foods such as vegetables, fruits, meats, cooking, cooling and reheating. | <input type="checkbox"/> Dishwashing             |
| <input type="checkbox"/> Storage of dry goods and paper goods  | <input type="checkbox"/> Filling water tanks     |
| <input type="checkbox"/> Storage, service and cleaning of equipment  | <input type="checkbox"/> Disposal of waste water |
| <input type="checkbox"/> Storage of hot and cold holding equipment   | <input type="checkbox"/> Storage of foods        |
|  | <input type="checkbox"/> Other (list below)      |

Commissary water supply?  Municipal  Well

Commissary sanitary sewer service?  Municipal  Septic

Indicate hours facility is available for use by operator: Mon \_\_\_\_ to \_\_\_\_ Tues \_\_\_\_ to \_\_\_\_ Wed \_\_\_\_ to \_\_\_\_  
Thur \_\_\_\_ to \_\_\_\_ Fri \_\_\_\_ to \_\_\_\_ Sat \_\_\_\_ to \_\_\_\_ Sun \_\_\_\_ to \_\_\_\_

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

Hand sink \_\_\_\_\_ Prep sink \_\_\_\_\_ Mop sink \_\_\_\_\_ Three bay sink \_\_\_\_\_

Dish machine \_\_\_\_\_ Refrigeration \_\_\_\_\_ Freezer \_\_\_\_\_ Cooling equipment \_\_\_\_\_

Dry storage \_\_\_\_\_ Other \_\_\_\_\_

**I agree to provide a separate, designated storage area for all items related to this vendor's operation.**

\_\_\_\_\_  
Signature of Owner/Operator Commissary

\_\_\_\_\_  
Phone number

**This Commissary Agreement is valid for this year only.**