



# MESA COUNTY HEALTH DEPARTMENT

Working Together for a Healthy Community

P.O. Box 20,000  
Grand Junction, CO 81502-5033  
(970) 248-6900  
www.health.mesacounty.us

## Limited Menu Vendor Application for Special Events with Food and Drink

**ONLY Licensed Mesa County Temporary Event and Mobile Unit Vendors with limited menus** (ex. lemonade, snow cones, candied nuts, ice cream) may complete this application. Please verify with Mesa County Health Department this is the correct application for your operation before submitting. Please submit this application to the Mesa County Health Department to obtain your annual Mesa County Approval. Please allow two weeks for processing. You will then submit your one-page Mesa County Approval 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			
License #	County who issues your license?		

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

**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 3 of this application.**

### MENU

Please list all menu items. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 will 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 food 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.*

## OPERATIONS

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

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

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

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

**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:

- Hand washing facilities
- Food and single service storage
- Customer service area
- Work surfaces
- Garbage containers
- Personal item storage/ Break area

### 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

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.**