



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

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/ Assemble		Cook/ Bake		Cool		Reheat		Cold Holding		Hot Holding	
	C	E	C	E	C	E	C	E	C	E	C	E	C	E
Example: Chili	√		√		√		√		√					√
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 _____

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:

- | | |
|--|--|
| <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 |

*****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

Type: <input type="checkbox"/> New <input type="checkbox"/> Turnkey	Fee: <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.