



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:	Non-Profit (provide documentation):
Currently Licensed temporary vendor (provide copy):	Licensed Mobile Unit (provide copy):

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

FOR HEALTH DEPARTMENT USE	Approved:		
Licensed:	Yes:		
Needs License:	No:		
Non-profit:	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.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

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)

- | | | |
|-----------|------------------------|-----------|
| Microwave | Oven | Hot Plate |
| Grill | 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?

- | | |
|------------------------|------------------------|
| Coolers with ice | Cambros for hot foods |
| Cambros for cold foods | 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)

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

- | | | |
|----------------------------------|----------------------------|------------------------|
| Hot holding unit | Crock-pot | Steam table |
| Held under heat lamps | Held on grill until served | Other (please specify) |
| 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
Thermocouple

Digital

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

Deli tissues

Food grade disposable gloves

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

Other (please specify)

Quaternary Ammonia

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:

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

Eagle County Environmental Health Department

COMMISSARY AGREEMENT

For temporary retail food operation or mobile unit

Date:

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

