



FOR DEPARTMENT USE ONLY	
APPROVED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
APPROVED BY _____	DATE _____
FEES OWED \$ _____ DATE PAID ___/___/___ <small>*Add late fee when submitting late (within 10 days of the event)</small>	

VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete ONE vendor application each year for Summit County. If menu items or equipment are changing, a new application must be submitted for subsequent events. Completed applications and applicable fees must be submitted 10 days prior to the event. Contact this department for details.

See Summit County Environmental Health webpage for fee schedule: Summitcountyco.gov/EHfees

Please complete the following information:		
Temporary Retail Food Establishment Name	Legal Owner's Name	
Establishment Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Contact Name	Contact #	
E-Mail		

Vendors shall have a Summit County Retail Food Temporary Event Permit , Summit County issued Colorado Temp Event License or any CO Mobile Food License on premise at all times .
 (See [flow chart](#) on website for direction on type of document your operation will need.)

Please check below the type of document you are applying for (Select One):

- Summit County Temp Food Vendor Permit- Full Service
- Summit County Temp Food Vendor Permit- Pre-Packaged Foods
- Colorado Temp Food Vendor License- Full Service
- Colorado Temp Food Vendor License- Pre-Packaged Foods
- Cottage Foods Non-Profit CO Licensed Mobile vendor

All Temp Event Permittees and Licensees (excluding Cottage Foods and Non-Profits) must have an approved commissary kitchen to work from. Please indicate the type of commissary kitchen you are using:

- Own a CO licensed Retail Food Establishment and license is attached.
- I have permission to use a CO licensed RFE. The Commissary Agreement and facility license are attached.

Please list all events and dates that you plan on participating in within Summit County

Event name _____	Date _____	Location _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hours of operation of the temporary food booth for this event:

Mon _____ Tue _____ Wed _____ Thu _____
 Fri _____ Sat _____ Sun _____
 How many people do you anticipate serving each day of the event? _____

MENU *(Please attach additional sheet, as necessary)*

Please list all food products you are planning on serving this year 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.	

FOOD PREPARATION

Preparation at Approved Facility or Commissary Before Event

Check which preparation procedure each menu item requires.

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

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

Name: _____

Contact Person and Phone Number: _____

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 degrees F? (mark all that apply)

- Microwave
- Grill
- Oven
- 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
- Other (specify) _____

HANDWASHING AND FOOD HANDLING

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 be serving foods that require preparation and / or cooking and will provide the following for hand-washing:
 - 1.) a minimum of 2 gallons of warm potable water that must be refilled as needed in a container with a ‘hands-free’ spigot
 - 2.) soap
 - 3.) paper towels
 - 4.) 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed
 - 5.) Hand washing signage (Ex. All Employees Must Wash Hands)

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

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 event coordinator where this is located for each event.

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

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

Hot Food Items

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

- Grill Hot plate
 Deep fat fryer Oven
 Microwave
 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)

- Hot holding unit Steam table
 Held under heat lamps Served immediately after cooking
 Crock-pot Held on grill until served
 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 may not be kept in contact with the ice unless they are packaged and sealed.*
 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

Where will utensil washing take place?

- Commissary Commercial 3-compartment sink unit

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 | |

HEALTH INSPECTION DURING THE EVENT

Please be aware that the Summit County Environmental Health Department will be performing inspections of temporary food booths. Participants must have the following items available and in use anytime food preparation is being conducted:

- **Temporary hand washing station with warm water, soap and paper towels and signage (Ex. All Employees Must Wash Hands)**
- **Sanitization bucket with test strips to measure chemical concentration**
- **Calibrated probe thermometer to measure food temperatures (maintain potentially hazardous foods below 41°F or above 135°F)**
- **Means to prevent bare hand contact with ready to eat foods (ex. single use gloves)**
- **Permit or License as applicable**
- **Food Protection Manager Certification document, as applicable.**

COMMISSARY AGREEMENT

Date

I, _____ of _____,
(Owner/Operator) (Establishment Name)

located at _____
(Address of Establishment)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

- | | |
|--|--|
| <input type="checkbox"/> Preparation of foods such as vegetables or fruits,
cutting meats, cooking, cooling, reheating. | <input type="checkbox"/> Ware washing |
| <input type="checkbox"/> Storage of foods, single service items, and cleaning agents | <input type="checkbox"/> Filling water tanks |
| <input type="checkbox"/> Service and cleaning of the equipment | <input type="checkbox"/> Dumping waste water |
| | <input type="checkbox"/> Other (list below) |
-

Commissary Water Supply? Municipal _____ Well _____

Commissary Sanitary Sewer Service? Municipal _____ Septic _____

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

Hand sink _____ Prep Sink _____ Mop sink _____ Three bay sink _____

Dish machine _____ Refrigeration _____ Cooling equipment _____ Dry Storage _____

Other _____

Owner/Operator

Phone Number

This Commissary Agreement is valid for this calendar year only.