

PLAN REVIEW for PUSHCARTS and MOBILE RETAIL FOOD ESTABLISHMENTS - Instructions and Application Forms

USE THIS PACKET TO HAVE YOUR PLANS FOR A PUSHCART OR MOBILE RETAIL FOOD ESTABLISHMENT REVIEWED AND APPROVED BY THE DEPARTMENT. APPROVAL IS REQUIRED PRIOR TO OBTAINING A FOOD SERVICE LICENSE AND COMMENCING OPERATION.

DEFINITIONS

- **Pushcart** means a retail food establishment that is a non-motorized, non-self propelled unit designed so foods are served from the exterior of the unit, and which is intended to physically report to and operate from a commissary for servicing, restocking and maintenance daily.
- **Mobile Retail Food Establishment** means a retail food establishment that is a wheeled vehicle or trailer that is intended to physically report to and operate from a commissary for servicing, restocking and maintenance daily.

INSTRUCTIONS

Please submit the following:

- Completed application
- Scaled plot plan of the unit, including top and side views, manufacturer's specification sheets, sinks, cooking and refrigeration units, etc.
- Proposed menu, including HACCP or food handling procedures plan
- Other required documents as listed on the application
- Check for **\$100.00**, payable to Jefferson County Treasurer. You will be invoiced for other fees.

FEES

There are two types of fees that will be charged for constructing and opening a retail food service establishment.

PLAN REVIEW FEES

- Application fee (payable at time of application) **\$100.00**
- Plan review fee (payable when approved plans picked up) **\$ 45.00 per hour***
- Construction inspections and pre-opening inspection (payable prior to licensing) **\$ 45.00 per hour***

*** TOTAL HOURLY REVIEW FEES NOT TO EXCEED \$580.00**

LICENSE FEES

Retail Food license fees are assessed based on the type and size of the facility. You will be provided with licensing fees and an application form when the plans are approved.

PROCESSING TIME

Allow 7-10 working days for review - incomplete applications, or missing plans or documents will delay this process. The contact person will be notified when the plan review process is complete and provided with an invoice for plan review fees due. When this invoice is paid, the approved plans will be released, along with a Retail Food Establishment license application.

After construction inspections (if any) and a pre-opening inspection have been conducted, an additional invoice will be furnished to the applicant for these services. The Retail Food Establishment license application will not be processed until this invoice has been paid in full.

Plans will be discarded 30 days after pickup notification.

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JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division

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(303) 271-5755 FAX (303) 271-5760

<http://health.jeffco.us>

ESTABLISHMENT / UNIT NAME:

OWNER INFORMATION			
Name			
Corporation Name			
Mailing Address			
City State Zip			
Contact phone			
Email			

ANNUAL LICENSE RENEWALS WILL BE SENT TO ABOVE ADDRESS UNLESS YOU PROVIDE ANOTHER ADDRESS BELOW:

MONTHS OF OPERATION (circle all that apply)												
Year Round	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

HOURS OF OPERATION						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to	to

Do you know the location where you are setting up? Yes No
If yes, where? _____

Type of Unit:
 Push Cart Mobile Unit equipped with plumbing and cooking facilities
 Mobile Unit or push cart serving only pre-packaged food from approved sources
 Other (Please describe): _____

Has the Mobile Unit been licensed previously? - Provide pictures if available
 This mobile unit was previously licensed. In what county and state? _____
 This mobile unit has not been licensed and will be built or constructed new.

I. MENU AND FOOD (Please attach additional sheets, as necessary. Also attach menu)

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 such as lettuce, tomato, cheese, mayonnaise, salsa, etc.

Food and Drink Items	Location where obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

What is the name and location of your commissary (also complete commissary agreement on Page 7)

Name _____

Address _____ City _____ State: ____ Zip _____

Contact Person and Phone Number: _____

II. Preparation at Commissary - No food, utensils, or single service items shall be stored or prepared at home. Check which preparation procedure each menu item requires. (Attach additional sheet, as necessary)

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

What type of food thermometers (0-220°F) are available at the commissary?

- Metal stem probe
 Thermocouple
 Digital

How will frozen foods be thawed in the unit?

- | | | |
|---|---|---|
| <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Microwave | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Under cold running water | <input type="checkbox"/> As part of the cooking process | |

How will foods be cooked in the unit?

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Grill | <input type="checkbox"/> Stove/Oven | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Deep fat fryer | <input type="checkbox"/> Microwave | <input type="checkbox"/> Other (specify) _____ |

How will foods be rapidly cooled to 41°F or below in the unit?

- | | |
|--|--|
| <input type="checkbox"/> Shallow pans (less than 4") in refrigerator or cooler | |
| <input type="checkbox"/> Using an ice-bath to cool the product | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Ice paddle or wand | <input type="checkbox"/> Other (specify) _____ |

How will foods be re-heated to at least 165°F in the unit?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Grill | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Oven/stove | <input type="checkbox"/> Other (specify) _____ | |

How will hot foods be held at greater than 135° F in the unit?

- | | | |
|--|--|---|
| <input type="checkbox"/> Hot holding unit | <input type="checkbox"/> Steam table | |
| <input type="checkbox"/> Held under heat lamps | <input type="checkbox"/> Oven | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Held on grill | <input type="checkbox"/> Other (specify) _____ | |

How will cold foods be held at 41° F or below in the unit?

- | | | |
|--|---|---|
| <input type="checkbox"/> Reach-In Refrigerator | <input type="checkbox"/> Reach-In Freezer | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (specify) _____ | | |

IV. Utensils and Warewashing

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

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Tongs/Spatula/Spoon | <input type="checkbox"/> Food-grade disposable gloves | <input type="checkbox"/> Deli tissues |
| <input type="checkbox"/> Other (specify) _____ | | |

Where will utensil washing take place?

- | | |
|---|--|
| <input type="checkbox"/> Commissary 3 compartment sink | <input type="checkbox"/> Commissary dishwasher |
| <input type="checkbox"/> Mobile unit 3 compartment sink | <input type="checkbox"/> Not applicable |

Indicate the size (in inches) of the 3 compartment sink you will be using, including basin and drain board sizes.

3 compartment sink basins:

Length _____	Width _____	Depth _____
Length _____	Width _____	Depth _____
Length _____	Width _____	Depth _____

Drain boards:

Length _____	Width _____	Depth _____
Length _____	Width _____	Depth _____

What will you use as a sanitizer:

In 3 compartment sink or dish machine? _____

In wiping cloth bucket? _____

NOTE: Chemical test kits must be available for all sanitizers used and at all locations.

V. Water Systems (must be in compliance with section 9-104 and 9-105 of the Colorado Retail Food Establishment Rules and Regulations) Please provide a plumbing diagram or schematic showing water heater, plumbing fixtures, potable and waste water tanks, lines and inlets/outlets.

Hot Water

- Water Heater: Make _____ Model _____
 Tank size _____ Recovery rate _____
 BTU/ KW Rating _____
- Passive system/ Heat exchanger (Water is heated as it passes by hot hold area)
- Other (Specify) _____

Potable Water

What size is the tank? _____ gallons
 Describe how and where potable water will be obtained. _____

If a hose is used, a food grade hose must be provided.

Waste Water

What size is the tank? _____ (Minimum: 15% larger than potable water tank capacity)

Describe how and where waste water will be removed from unit and disposed.

How will you ensure there is no cross contamination between the tanks and hoses?

- Potable water inlet above waste water outlet Different color or sized hoses
 - Different color or sized removable tanks Different threads on inlet and outlet
 - _____ Other
- (specify) _____

Handsink must be a pressurized system with continuously flowing water with soap, paper towels and a trash receptacle supplied. NOTE: Hand sanitizers are NOT an acceptable substitute for the required hand-washing set-up.

VI. Physical Facilities

Provide a floor plan of the unit drawn to scale. Include clear identification of all equipment and fixtures shown on floor plan. Photographs can be provided in addition to floor plan.

Finishes (what materials are used?)- If applicable

Walls	
Floors	
Ceiling	
Counter Tops	
Cabinets/shelving	

Enclosed mobile unit equipped with plumbing and cooking facilities must have outer openings protected from insects and rodents. Please describe how this will be done. Examples include self closing/screened windows and doors, air curtain, etc.

Ventilation:

Stove tops, grills, fryers, broilers, are some examples that require exhaust ventilation. Please describe how this will be done.

Storage on Unit (Food/single service/utensils): Provide additional utensils in case they become soiled from cross-contamination.

Type	# of Units	Total Cubic Feet
Reach in refrigeration- under the counter/coffin style		
Reach in refrigeration stand up		
Reach in freezer- under the counter/coffin/chest style		
Reach in freezer - stand up		
Dry storage		

Equipment:
ALL EQUIPMENT RELATED TO THE OPERATION MUST BE OF AN APPROVED COMMERCIAL DESIGN.

Please attach specification sheet for each piece of equipment or complete the table below with make and model numbers. (attach additional sheets if necessary)

Piece of equipment	Make/Model Number

At the location that you operate at, are bathroom facilities available?
 Yes No
 If NO, What facilities are you going to use? _____

What is your sick employee policy? _____

A mobile unit or push cart will not be allowed to operate under the following conditions: Lack of refrigeration, lack of water, lack of electricity, inability to sanitize, lack of proper disposal of waste water, inability to wash hands, operating without approved commissary or any other situations that pose an imminent health hazard. Preparation of food or storage of any items related to the operation is prohibited in the home.

In applying for this retail food facility plan review, I hereby authorize the health officer and / or their representative to determine compliance with the **COLORADO RETAIL FOOD ESTABLISHMENT RULES AND REGULATIONS** for the purpose of constructing a retail food establishment. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this property.

OWNER / APPLICANT / AGENT

DATE

COMMISSARY AGREEMENT

Complete form if you are not self-contained and report to a commissary as a part of your regular operation.

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:

- _____ Preparation of foods such as vegetables or fruits, _____ Ware washing
cutting meats, cooking, cooling, reheating. _____ Filling water tanks
_____ Storage of foods, single service items, and cleaning agents
_____ Dumping waste water _____ Service and cleaning of the equipment
_____ Other (list below) _____

Commissary Water Supply? Municipal _____ Well _____

Commissary Sanitary Sewer Service? Municipal _____ Septic _____

Indicate days and hours the commissary is open for mobile unit use:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to	to

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 _____

Date _____

Phone Number _____

This Commissary Agreement is valid for the calendar year only.