

**RETAIL FOOD SERVICE PLAN REVIEW – CATERING
Instructions and Application Forms**

USE THIS PACKET TO OBTAIN APPROVAL TO OPERATE AS A CATERER FROM AN EXISTING, LICENSED RETAIL FOOD SERVICE FACILITY. TO OBTAIN APPROVAL TO CONSTRUCT A NEW FACILITY, USE FORM 3000.

INSTRUCTIONS

Please submit the following:

- *Completed application (pgs 1-2)*
- *Completed "Affidavit of Commissary" (page 3)*
- *Equipment specification sheets, as required.*
- *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 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.

DEPARTMENT CONTACT: Leslie Frank (303) 271-5776
lefrank@jeffco.us

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
1801 19th Street, Golden CO 80401
(303) 271-5700 FAX (303) 271-5760
<http://health.jeffco.us>

Caterer Business Name:

TYPE OF FACILITY (check ONLY one)

- Caterer Other (specify) _____

FEE \$100.00

FOOD TRANSPORTATION VEHICLE:

- Van (Make/model) _____ Car (Make/model) _____

PART I – CONTACT INFORMATION

Primary _____

Address _____

City/ST/Zip _____

Phone (_____) _____ Fax(_____) _____

Email: _____

Owner _____

Address _____

City/ST/Zip _____

Phone (_____) _____ Fax(_____) _____

Email: _____

PART II - GENERAL OPERATION

1. Estimated startup date : _____
2. Is there a separate employee area in the commissary for personal items?
() NO
() YES
3. Will there be separate dry storage approved in the commissary for your use?
() NO
() YES

4. Will vacuum packaging be conducted in the commissary?
 NO
 YES - provide a HACCP Plan for each category of food.

5. Will cooking or prep equipment be brought in to the commissary?
 NO
 YES – please provide cut sheets of equipment.

6. How will food be protected and maintained at the proper temperature when transported from commissary to the catered event? (all equipment used be NSF or U/L approved).

7. Does transport vehicle have plastic covers on floors for food protection?
 NO
 YES

PART III TERMS AND CONDITIONS OF APPLICATION

In applying for this approval to conduct a catering operation 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 conducting a catering operation. 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

AFFIDAVIT OF COMMISSARY

PART 1

Caterer business name: _____

Owner name of above: _____

STATEMENT / CERTIFICATION OF OWNER OF CATERING OPERATION

By signing below, I hereby state that I will use the Retail Food Establishment shown below as my commissary for the preparation and storage of food items, cleaning or equipment and utensils and other uses as mandated by the Colorado RETAIL FOOD ESTABLISHMENT RULES and REGULATIONS.

Signed

Date

PART 2

Retail Food Establishment that will serve as the commissary: _____

Address _____

City St Zip _____

County where located _____

Owner / manager _____

Phone _____

STATEMENT / AFFIDAVIT of COMMISSARY OWNER

By signing below, I hereby state that I am the owner / manager of the above licensed Retail Food Establishment and that I have authorized the owner of the above referenced catering business to use my facility as a commissary for the storage and preparation of food, washing and sanitizing of equipment, provision of potable water and disposal of wastewater. This authorization is valid through the end of the current calendar year.

Signature

Date