

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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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 at the commissary?

- Refrigeration
- Under cold running water
- Will not use food items that require thawing
- Microwave
- As part of the cooking process

How will foods be cooked at the commissary?

- Grill
- Deep fat fryer
- Other (specify) _____
- Stove/Oven
- Microwave
- Not applicable

How will foods be rapidly cooled to 41°F or below at the commissary?

- Shallow pans (less than 4") in refrigerator or cooler
- Ice-bath to cool the food product
- Ice paddle or wand
- Not applicable
- Other (specify) _____

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

- Microwave
- Grill
- Other (specify) _____
- Oven/stove
- Not applicable

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

- Hot holding unit
- Held under heat lamps
- Held on grill
- Steam table
- Oven
- Other (specify) _____
- Not applicable

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

- Reach-In Refrigerator
- Walk-In Cooler
- Other (specify) _____
- Reach-In Freezer
- Walk-In Freezer
- Not applicable

III. Food Handling in the Unit (Please attach additional sheets to the back, as necessary.)

List all menu items, including beverages, to be served from the mobile unit or push cart. Check which food handling procedure each menu item requires in or at the unit.

Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble	Other
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

What kind of food thermometers (0-220°F) do you have in the unit?

- Metal stem probe
- Thermocouple
- Digital

How often will you use a thermometer to check food temperatures? _____

How will frozen foods be thawed in the unit?

- Refrigeration
- Microwave
- Not applicable
- Under cold running water
- As part of the cooking process

How will foods be cooked in the unit?

- Grill
- Stove/Oven
- Not applicable
- Deep fat fryer
- Microwave
- Other (specify) _____

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

- Shallow pans (less than 4") in refrigerator or cooler
- Using an ice-bath to cool the product
- Not applicable
- Ice paddle or wand
- Other (specify) _____

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

- Microwave
- Grill
- Not applicable
- Oven/stove
- Other (specify) _____

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

- Hot holding unit
- Steam table
- Not applicable
- Held under heat lamps
- Oven
- Other (specify) _____
- Held on grill

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

- Reach-In Refrigerator
- Reach-In Freezer
- Not applicable
- Other (specify) _____

IV. Utensils and Warewashing

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

- Tongs/Spatula/Spoon
- Food-grade disposable gloves
- Deli tissues
- Other (specify) _____

Where will utensil washing take place?

- Commissary 3 compartment sink
- Commissary dishwasher
- Mobile unit 3 compartment sink
- 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

I, _____ of _____,
(Commissary Owner/Operator) (Commissary)
located at _____
(Address of Commissary)

do hereby give my permission to _____
(Operator/Owner of Mobile Unit/Pushcart)

to use my kitchen facilities daily during periods of operation to perform the following:

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

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 _____

PLEASE INITIAL THE FOLLOWING STATEMENTS:

(Initials) As the **Mobile Unit/Push Cart Operator**, I agree to report to the commissary once every 24 hours during periods of operation to perform the tasks listed above.

(Initials) As the **Commissary Operator**, I agree to maintain a commissary use log detailing the dates and times the mobile unit / push cart utilized my facility to perform the tasks listed above. I agree to make the log available to the regulatory authority upon request.

Commissary Operator, Please describe how and where commissary use log will be maintained:

Commissary Owner/Operator

Date

Email

Phone Number

This Commissary Agreement is valid for the calendar year only.