

#### JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215 (303) 232-6301 FAX (303) 271-5760



jeffco.us/public-health

# 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 <u>CONSTRUCT</u> 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**: Matthew Garcia (303) 271-5762

msgarcia@ieffco.us

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Ca	terer Business N	ime:				
TY	TYPE OF FACILITY (check ONLY one)					
	□ Caterer	□ Caterer □ Other (specify)				
FE	E \$100.00					
FO	OD TRANSPORT	ATION VEHICLE:				
	□ Van (Make	model) □ Car (Make/model)				
PAR	TI – CONTACT	NFORMATION				
	Primary					
	Address					
	City/ST/Zip					
	Phone	()Fax()				
	Email:					
	Owner					
	Address					
	City/ST/Zip					
	Phone	()Fax()				
	Email:					
PART	II - GENERAL	PERATION				
1.	Estimated start	p date :				
2.	Is there a sepa ( ) NO ( ) YES	ate employee area in the commissary for personal items?				
3.	Will there be se ( ) NO ( ) YES	parate dry storage approved in the commissary for your use?				

4. Will vac ( ) ( )	cuum packaging be conducted  NO YES - provide a HACCP Pla	in the commissary? an for each category of food.	Page 2 of 3 FORM 330		
<ul> <li>5. Will cooking or prep equipment be brought in to the commissary?</li> <li>( ) NO</li> <li>( ) YES – please provide cut sheets of equipment.</li> </ul>					
	•	ned at the proper temperature wh equipment used be NSF or U/L a	•		
( )	ansport vehicle have plastic cov NO YES	vers on floors for food protection	?		
PART III TE	ERMS AND CONDITIONS OF	APPLICATION			
and / or the ESTABLISH operation. I	eir representative to determine co	ring operation I hereby authorize the ompliance with the <b>COLORADO RI IONS</b> for the purpose of conductire misleading statement on this application or the purpose of conductive misleading statement on the purpose of conductive misleading statement of the purpose of conductive misleading stateme	ETAIL FOOD ng a catering		
OWNER / A	PPLICANT / AGENT	DATE			

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## **AFFIDAVIT OF COMMISSARY**

PART 1	
Caterer business name:	
Owner name of above:	
By signing below, I hereby state that commissary for the preparation and	OF OWNER OF CATERING OPERATION  I I will use the Retail Food Establishment shown below as my distorage of food items, cleaning or equipment and utensils e Colorado RETAIL FOOD ESTABLISHMENT RULES and
Signed	Date
PART 2	
Retail Food Establishment that will serve as the commissary:	
Address	
City St Zip	
County where located	
Owner / manager	
Phone	
Establishment and that I have authouse my facility as a commissary for	t I am the owner / manager of the above licensed Retail Food orized the owner of the above referenced catering business to the storage and preparation of food, washing and sanitizing vater and disposal of wastewater. This authorization is valid
Signature	  Date