

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
645 Parfet Street Lakewood, CO 80214
(303) 271-5700 FAX (303) 271-5760

www.jeffco.us/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 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

- | | | |
|--|--|---------------------------|
| • <i>Application fee</i> | <i>(payable at time of application)</i> | \$100.00 |
| • <i>Plan review fee</i> | <i>(payable when approved plans picked up)</i> | \$ 50.00 per hour* |
| • <i>Construction inspections and pre-opening inspection</i> | <i>(payable prior to licensing)</i> | \$ 50.00 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@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

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.