

# Montezuma County Public Health

106 W. North Street  
Cortez, CO 81321  
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## VENDOR APPLICATION FOR TEMPORARY FOOD EVENTS

All vendors must complete and submit to Event Coordinator for each event in **(Montezuma or Dolores)** County. If no menu and no equipment change is occurring from one event to another, the completed original may be copied. Please attach a copy of your current temporary event or mobile unit Colorado Retail Food Establishment License, if already licensed.

**Event Name:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Please complete the following information:**

Temporary Retail Food Establishment Name		Legal Owner's Name
Establishment Address(Street Address and P.O. Box)		
City	State	Zip Code
Telephone Number (     )	Fax #	
Contact Name	Contact #	
Which county issued your license?	E-mail	

**\*All vendors shall have the original Colorado Retail Food Establishment license on premise at all times\***

**Are you:**

Unlicensed \_\_\_\_\_ Non-profit (provide documentation) \_\_\_\_\_  
Licensed Temporary Event (provide copy) \_\_\_\_\_ Licensed Mobile Unit (provide copy) \_\_\_\_\_

**Hours of operation of the temporary food booth for this event:**

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_  
Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_  
How many people do you anticipate serving each day of the event? \_\_\_\_\_

**Please list any additional events and dates that you plan on participating in (Montezuma or Dolores) County:**

Event name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR HEALTH DEPARTMENT USE**

Licensed \_\_\_\_\_ APPROVED  
Needs a license \_\_\_\_\_ Yes \_\_\_\_\_  
Non-profit \_\_\_\_\_ No \_\_\_\_\_  
*Health Inspector Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**MENU** (Please attach additional sheet, as necessary)

Please 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.

Food and Drink Items	Location where obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**FOOD PREPARATION**

**Preparation at Approved Facility or Commissary Before Event**

Check which preparation procedure each menu item requires.

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

**What is the name and location of your commissary? (Complete Commissary Agreement on page 5.)**

Name: \_\_\_\_\_

Contact Person and Phone Number: \_\_\_\_\_

**Cooling**

How will foods be rapidly cooled to 41°F or below? (mark all that apply)

- Shallow pans (less than 4") in refrigerator or cooler
- Using an ice-bath to cool the food product
- Ice paddle or wand
- Other (specify) \_\_\_\_\_

**Reheating**

How will foods be re-heated to at least 165 degrees F? (mark all that apply)

- Microwave
- Grill
- Oven
- Hot plate
- Other (specify) \_\_\_\_\_

## Transport

Please provide the distance that you will be transporting food to the event? \_\_\_\_\_

What equipment will you use to control temperatures during transport?

- Coolers with Ice
- Cambros for cold foods
- Cambros for hot foods
- Other (specify) \_\_\_\_\_

## HANDWASHING AND FOOD HANDLING

A hand-washing station, WITHIN each booth or unit, is REQUIRED unless only prepackaged foods requiring no preparation and / or cooking are to be served. Please check the space below that applies to your booth / unit.

- I will be serving only prepackaged foods that require no preparation and/or cooking.
- I will be serving foods that require preparation and / or cooking and will provide the following for hand-washing:
  - 1.) a minimum of 2 gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot
  - 2.) soap
  - 3.) paper towels
  - 4.) 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed

*NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.*

## Where will wastewater be disposed?

- Commissary
- Approved on-site receptacle at event
- Other \_\_\_\_\_

*Waste water CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from event coordinator where this is located for each event.*

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

- Tongs
- Food-grade disposable gloves
- Deli tissues
- Other (list) \_\_\_\_\_

## Food Handling at the Booth *(Please attach additional sheets, as necessary.)*

List all menu items, including beverages, to be served from the temporary food booth. Check which food handling procedure each menu item requires at the booth.

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

## Hot Food Items

1. How will these foods be cooked at the site? (mark all that apply)

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Grill                 | <input type="checkbox"/> Hot plate |
| <input type="checkbox"/> Deep fat fryer        | <input type="checkbox"/> Oven      |
| <input type="checkbox"/> Microwave             |                                    |
| <input type="checkbox"/> Other (specify) _____ |                                    |

2. How will hot foods be held at 135°F or above at the event? (mark all that apply)

**(Sterno burners are prohibited)**

- |  |   |
|--|---|
| <input type="checkbox"/> Hot holding unit      | <input type="checkbox"/> Steam table                      |
| <input type="checkbox"/> Held under heat lamps | <input type="checkbox"/> Served immediately after cooking |
| <input type="checkbox"/> Crock-pot             | <input type="checkbox"/> Held on grill until served       |
| <input type="checkbox"/> Other (specify) _____ |   |

3. What utensils will you use to dispense or serve the hot items? \_\_\_\_\_

## Cold Food Items

1. How will cold foods be held at 41°F or below at the event? (mark all that apply)

- |  |
|--|
| <input type="checkbox"/> Refrigerator / freezer  |
| <input type="checkbox"/> Ice chest - <i>must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.</i> |
| <input type="checkbox"/> Other (specify) _____   |

2. What utensils will you use to dispense or serve the cold items? \_\_\_\_\_

3. What kind and how many food thermometers (0-220°F) do you have? \_\_\_\_\_

- |   |                                       |                                  |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Metal stem probe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Digital |
|---|---------------------------------------|----------------------------------|

**Where will utensil washing take place?**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Commercial 3-compartment sink unit |
|-------------------------------------|---|

**What is your booth plan for flying insects and dust control, if applicable?**

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## BOOTH LAYOUT AND MAP

**Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment.**

**The map shall include the following:**

- |  |   |
|--|---|
| <input type="checkbox"/> Cooking equipment               | <input type="checkbox"/> Hot and Cold Holding equipment |
| <input type="checkbox"/> Hand Washing facilities         | <input type="checkbox"/> Work surfaces                  |
| <input type="checkbox"/> Food and Single Service storage | <input type="checkbox"/> Garbage containers             |
| <input type="checkbox"/> Customer Service area           |   |

# COMMISSARY AGREEMENT

\_\_\_\_\_ Date

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

Commissary Water Supply? Municipal \_\_\_\_\_ Well \_\_\_\_\_

Commissary Sanitary Sewer Service? Municipal \_\_\_\_\_ Septic \_\_\_\_\_

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

\_\_\_\_\_  
Phone Number

**This Commissary Agreement is valid for calendar year, \_\_\_\_\_, only.**