

195 W. 14th Street
Rifle, CO 81650
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20XX Blake Avenue
Glen wood Springs, CO
81601 P 970.945.6614
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Temporary Vendor Application

Please submit this application to Garfield County Public Health at least two weeks prior to your first event of the calendar year to obtain your annual Temporary/Special Event Retail Food Establishment license. All vendors will receive an approval letter to then submit to each event coordinator.

Please complete the following information:		
Retail Food Establishment Name		
Establishment Address (Street Address and P.O. Box)		
City	State	Zip Code
Contact Name	Contact #	
E-mail		
Legal Owner's Name and State Sales Tax #		

All vendors must have their original Colorado Retail Food Establishment license on premise at all times!

Please list all Garfield County events that you plan on attending:

Event name: _____ Date(s): _____ Location: _____

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Commissary

All temporary and special event vendors are required to have a commissary within 30 minutes or 30 miles of the event where all food prep, including washing and cutting of produce, shall be done.

Name of Commissary: _____ Location: _____

Please complete the Commissary Agreement on page 3

If your operation does not require a commissary, please provide the reasoning below:

Handwashing Station

A handwashing station capable of providing a continuous flow of warm, running water is required within each booth or unit, unless only prepackaged foods are being sold. Please select one of the following:

- I will be serving only pre-packaged foods that don't require preparation or cooking
- I will have a handsink with hot and cold water under pressure supplied with soap and paper towels
- I am a tent & table vendor serving open food and/or drinks and will provide the following:

1. A container with a hands-free spigot that is capable of holding a minimum of 5 gallons of water
2. 5 gallons of potable water (minimum) that will be replenished, as necessary
3. Soap
4. Paper towels
5. A container to catch the waste water until it can be disposed of properly
6. A trash can for disposing of paper towels

Gloves and hand sanitizers DO NOT take the place of washing hands with soap and running water!

Water and Ice

- Will you have ice for human consumption? Yes No
- If yes, where will ice be obtained? Commissary Event Other: _____
- Where will you obtain potable water? Commissary Event Other: _____
- Will you be using a hose to obtain water? Yes No
- If yes, is the hose food-grade quality? _____ Do you have a backflow preventer for the hose? _____
- Where will wastewater be disposed? Commissary Event Other: _____

Waste water cannot be dumped on the ground or into storm drains!

Food Handling and Temperature Control

How will bare hand contact with ready-to-eat foods be prevented?

- Tongs Food-grade disposable gloves Deli tissue Other: _____

Will foods be held cold? Yes No Will foods be held hot? Yes No

Sanitizing

Where will utensil washing take place? Commissary 3-compartment sink in unit/booth

What sanitizer will be used? Chlorine Quaternary ammonia

Please include with your application a drawing of the booth layout that includes all cooking and cold/hot holding equipment as well as a menu. Incomplete applications will delay the approval process.

Submit Application to:

Garfield County Environmental Health
195 W. 14th Street Rifle, CO 81650

Commissary Agreement

Date _____

I, _____ of _____
(Commissary owner/operator) (Commissary Establishment Name)

Located at _____
(Address of commissary, City, State, Zip)

Give my permission to _____ of _____
(Mobile unit owner/operator) (Name of mobile unit)

To use my kitchen facilities to perform the following tasks on their operation days:

- Preparation of food, such as washing produce, peeling or cutting foods, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Storage of foods, single-service items, and chemicals
- Servicing and cleaning of equipment and utensils
- Other (specify) _____

A Commissary Use Log will be maintained and made available to the department upon request. Indicate how and where the Commissary Use Log will be maintained:

Commissary Water Supply:

- Public Private (PWSID#) _____

Commissary Sanitary Sewer Service:

- Public Private

Signature _____ Date _____
(Commissary owner/operator)

Commissary Contact Phone Number: _____

Commissary Email Address: _____