

ESTABLISHMENT INFORMATION											
Name of Proposed Establishment (DBA):											
Address:						Phone:					
City/State/Zip:						Fax:					
County:				Email:							
Website/Facebook Page:											
OWNERSHIP INFORMATION											
Individual(s) or Corporate Name:						Phone:					
Mailing Address:						Cell:					
City/State/Zip:				Email:							
CONTACT INFORMATION <i>(check if same as above)</i>											
Name of Primary Contact:						Phone:					
Address:						Cell:					
City/State/Zip:				Email:							
LICENSING INFORMATION											
Name of Existing/Most Recent Establishment:											
Closure Date:		For mobile units, County license was issued in:									
DAYS AND HOURS OF OPERATION											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours											
CHECK ALL MONTHS YOU PLAN TO OPERATE											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED <i>(where applicable)</i>											
Breakfast				Lunch				Dinner			
TYPE OF RETAIL FOOD ESTABLISHMENT <i>(check all that apply)</i>											
<input type="checkbox"/>	Full Service Restaurant			<input type="checkbox"/>	Market (Grocery)			<input type="checkbox"/>	Meat Market		
<input type="checkbox"/>	Coffee Shop			<input type="checkbox"/>	Convenience Store			<input type="checkbox"/>	Bar		
<input type="checkbox"/>	Fast Food			<input type="checkbox"/>	Deli			<input type="checkbox"/>	Caterer		
<input type="checkbox"/>	Mobile Unit			<input type="checkbox"/>	Other <i>(please specify)</i> :						

1. Submit floor plans drawn to scale that include the location and identification of all equipment, plumbing fixtures, and storage areas in the establishment.
2. Provide details on changes or alterations that increase or reduce the size of the kitchen or storage spaces. If no changes are to occur this is not applicable.
3. Number of seats in the establishment: Indoor _____ Outdoor _____
4. Number of restrooms in the establishment: _____
5. Are there alterations or revisions to the establishment or equipment that require a building or construction permit by local building authorities? _____ Yes _____ No
 - If yes, provide information on the changes.
6. Will the menu be changing from that of the previous establishment? _____ Yes _____ No
 - If yes, provide a copy of the proposed menu(s) and, if available, a copy of the menu from the existing or most recent establishment.
7. Will equipment be added? _____ Yes _____ No
 - If yes, provide specification sheets for any new pieces of equipment. If specs cannot be obtained, please provide pictures of the equipment you intend to use.
8. Please indicate any additional changes being made to the establishment that have not been addressed above.

Change of Ownership Establishment Requirements

- The Establishment must have adequate equipment to maintain food temperatures.
- All hand sinks must be supplied with soap and disposable paper towels.
- All food must be obtained from approved sources that comply with the applicable laws relating to food and food labeling.

- Food must be protected from cross-contamination while stored, prepared, displayed, dispensed, packaged, or transported from all agents of public health significance.
- Ill employees must be excluded or restricted from the retail food establishment in accordance with 2-201.12 in the Colorado Retail Food Establishment Rules and Regulations.
- Employees must be knowledgeable in food safety, which include but not limited to proper cooking and cooling of foods, when to wash hands, how to prevent food from bare hand contact, and practice good hygienic practices. At least one person who has manager or supervisor responsibilities must demonstrate active managerial control by being a Certified Food Protection Manager (CFPM) at most establishments.
- Provide a probe-type thermometer that is capable of reading both hot and cold temperatures and is calibrated and accurate to $\pm 2^{\circ}\text{F}$.
- Ensure that all necessary equipment is indirectly plumbed to the waste line (i.e., three compartment sinks, coolers, ice machines, and food preparation sinks).
- A sign or poster notifying food employees to wash their hands is required to be provided and visible at all sinks food employees use for hand washing.
- At least one service sink or curbed cleaning facility with a floor drain shall be used for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water or similar liquid wastes.
- Other requirements and further guidance for provisions of a retail food establishment please see the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2). Copies are available from the department's web site at www.colorado.gov/cdphe/restaurants-andgrocery-stores.

Submit completed applications to:

consumerprotection@garfield-county.com

An inspector will review the plans and contact you with any questions or concerns.

Upon review of the change of ownership, an invoice with payment details will be provided.

Contact Consumer Protection with any additional questions:

970-625-5200 ext. 8130



Working to Promote Health and Prevent Disease

- ☐ New Establishment
- ☐ Change of Ownership (COO)

Retail Food Establishment License Application

Incomplete applications, or applications without payment (if required), will not be processed.

Ownership type:			
<input type="checkbox"/> Individual (must complete affidavit of residency)	<input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.)	<input type="checkbox"/> Non-profit (includes government)	<input type="checkbox"/> Other
Full legal name of owner, corporation, or non-profit:			
Trade name (DBA):		Contact name (on site):	
Email:		CO Sales Tax Acct. No.	
		City Sales Tax Acct. No.	
Physical address of business:		City:	State: Zip:
County where business is located:		Phone number of Establishment:	Other contact number (mobile, fax, etc.):
GARFIELD			
Mailing address (if different from above):		City	State Zip Code
Hours of Operation	<input type="checkbox"/> 11:00am	Days of Operation	Months of Operation
<input type="checkbox"/> Before 8:00am	<input type="checkbox"/> 12:00pm	<input type="checkbox"/> Monday	<input type="checkbox"/> January
<input type="checkbox"/> 8:00am	<input type="checkbox"/> 1:00pm	<input type="checkbox"/> Tuesday	<input type="checkbox"/> February
<input type="checkbox"/> 9:00am	<input type="checkbox"/> 2:00pm	<input type="checkbox"/> Wednesday	<input type="checkbox"/> March
<input type="checkbox"/> 10:00am	<input type="checkbox"/> 3:00pm	<input type="checkbox"/> Thursday	<input type="checkbox"/> April
	<input type="checkbox"/> 4:00pm	<input type="checkbox"/> Friday	<input type="checkbox"/> May
	<input type="checkbox"/> 5:00pm	<input type="checkbox"/> Saturday	<input type="checkbox"/> June
	<input type="checkbox"/> After 5:00pm	<input type="checkbox"/> Sunday	<input type="checkbox"/> July
			<input type="checkbox"/> August
			<input type="checkbox"/> September
			<input type="checkbox"/> October
			<input type="checkbox"/> November
			<input type="checkbox"/> December
In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.			
Date you started the business:	Signature:	Title:	Date:

Check the appropriate license type from the list below. This is your license fee.

License Type	Code	Fee
<input type="checkbox"/> No fee license	1000	\$0.00
<input type="checkbox"/> Limited food service (convenience, other)	2000	\$270.00
<input type="checkbox"/> Restaurant (0–100 seats)	3000	\$385.00
<input type="checkbox"/> Restaurant (101–200 seats)	3100	\$430.00
<input type="checkbox"/> Restaurant (> 200 seats)	3200	\$465.00
<input type="checkbox"/> Grocery store (0–15,000 sq.ft.)	4000	\$195.00
<input type="checkbox"/> Grocery store (> 15,000 sq.ft.)	4150	\$353.00
<input type="checkbox"/> Grocery store w/ deli (0–15,000 sq.ft.)	5000	\$375.00
<input type="checkbox"/> Grocery store w/ deli (> 15,000 sq.ft.)	5150	\$715.00
<input type="checkbox"/> Mobile unit (prepackaged)	6200	\$270.00
<input type="checkbox"/> Mobile unit (full food service)	6300	\$385.00
<input type="checkbox"/> Oil & Gas Temporary	7000	\$855.00
<input type="checkbox"/> Special Events	8000	Set locally

Total Due: \$

Please make checks payable to:
Garfield County Treasurer

Please mail checks to:
Garfield County Public Health
ATTN: Consumer Protection
195 W 14th Street, Suite A
Rifle, CO 81650

195 West 14th Street, Rifle, CO 81650
2014 Blake Avenue, Glenwood Springs, CO 81601

P 970.625.5200 Ext. 8130
consumerprotection@garfield-county.com