



Working to Promote Health and Prevent Disease

<input type="checkbox"/>	New Establishment
<input type="checkbox"/>	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 <input type="checkbox"/> 12:00pm <input type="checkbox"/> 1:00pm <input type="checkbox"/> 2:00pm <input type="checkbox"/> 3:00pm <input type="checkbox"/> 4:00pm <input type="checkbox"/> 5:00pm <input type="checkbox"/> After 5:00pm		Days of Operation		Months of Operation		<input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
<input type="checkbox"/> Before 8:00am <input type="checkbox"/> 8:00am <input type="checkbox"/> 9:00am <input type="checkbox"/> 10:00am			<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June		
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