



Garfield County

Public Health

Working to Promote Health and Prevent Disease

195 West 14th Street
Rifle, CO 81650

2014 Blake Avenue
Glenwood Springs, CO 81601

P 970.625.5200 Ext. 8130

consumerprotection@garfield-county.com

OFFICE USE ONLY
<input type="checkbox"/> Temporary/Special Event (full service) \$255
<input type="checkbox"/> Temporary/Special Event (Limited) \$115
<input type="checkbox"/> Out of County Reciprocity Fee \$75

Garfield County Temporary Vendor Application

Only completed applications submitted at least 10 business days prior to your first event of the calendar year will be accepted. **DO NOT submit payment with application.** You will be contacted once your application has been reviewed and will be informed of the fee that is due at that time. Submission of application does not guarantee approval.

Please check below the type of document you are applying for (Select One):

- Garfield County Temporary Food Vendor Permit **Full Service** **Limited**

Fill out **ENTIRE application** (except **Section C**) and include the following:

- Commissary Agreement (**Section F**)

- Out-of-County Licensed Temporary Food Vendor

Fill out **Sections A and D** and include the following:

- Menu and commissary agreement

- Out-of-County Licensed Mobile

Fill out **Sections A, C and D**

- Non-Profit/Government located in Garfield County

Fill Out **Section A** and include the following:

- Copy of 501(c)3 designation
- Review "Food Safety Guidance for Temporary Events"

Submit completed application to:
consumerprotection@garfield-county.com
 or submit in-person or via mail to
 Garfield County Public Health
 ATTN: Consumer Protection
 195 West 14th Street
 Suite A
 Rifle, CO 81650

Section A

Please complete the following information:		
Establishment Name		
Establishment Address (Street Address and P.O. Box)		
City	State	Zip Code
Contact Name	Contact #	
E-mail		
<input type="checkbox"/> Single Event Date:	<input type="checkbox"/> Multi-Day Event Dates:	

Please list all other Garfield County events that you plan on attending (Ensure to provide a copy of your license to EACH coordinator)

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

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Section B

Handwashing Station

A handwashing station is required unless only prepackaged foods are 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 hand sink 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:

Handwashing Set-Up



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

Food Handling

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

- Food-grade disposable gloves Tongs, spoons, utensils Deli tissue Other: _____

Food Safety Knowledge

- I hold a food safety certification. My certification is attached
- I would like more information about food safety training

Menu

- I have included a copy of my menu with this application.

Food Preparation

Provide a list of foods used in your menu that require preparation and check the boxes for appropriate processes. * If you marked other please explain in **Section G**.

Menu/Food Item (Include additional pages if needed)	Prepared Offsite	Cooling Offsite	Hot Hold	Cold Hold	Cooked Onsite	Reheat Onsite	Other*
Example: Raw chicken	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleaning & Sanitizing

Where will ware washing take place? Commissary Other _____

Extra utensils and equipment will be provided and replaced every 4 hours.

What sanitizer will be used for food contact surfaces during the event?

Chlorine Quaternary ammonia Other

Water and Ice

Will you have ice for beverages? Yes No

If yes, where will ice be obtained from? _____

Where will you obtain potable water? Commissary Event Other: _____

Grease and Wastewater

Where will wastewater be disposed?

Commissary Event will provide wastewater collection Other _____

Where will fryer grease be disposed?

Commissary Event will provide grease collection Other _____

Section C

Out-of-County Licensed Mobiles ONLY

Self-contained	NOT self-contained*	Needs servicing for multi-day events	I have a set-up outside my unit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Local commissary may be required for mobiles during multi-day events that are not self-contained and require daily visits to commissary as part of their original license.

Section D

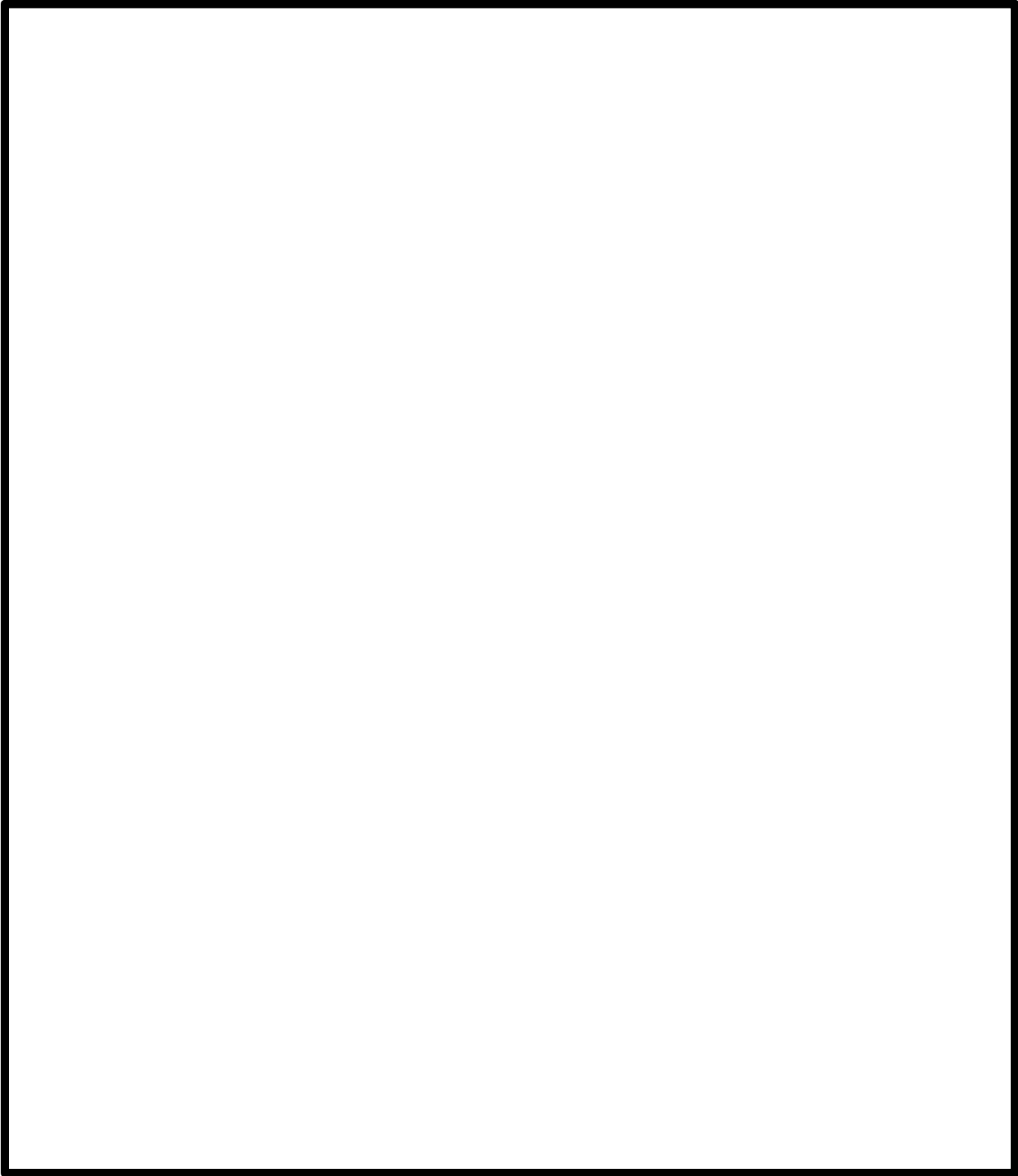
Commissary

All Temporary Food Vendors must have an approved commissary kitchen to work from. For multi-day events, a local commissary may be required for vendors with a commissary located over 60 minutes via Google Maps from event.

Please complete the following information:	
Commissary Name	
Commissary Location (Street Address and City)	
Name of Person in Charge of Commissary	Phone #
E-mail	

Section E

Booth Drawing (Only for tent and table set ups)



Section F



Commissary Agreement

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

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

Give my permission to _____
(Mobile or Tent & Table)

This commissary agreement is ONLY valid for use

- Year _____
- Single Event Name _____ Event Date _____
- Multi-Day Event Name _____ Event Dates _____

To use the Facility to perform the following tasks on their operation days:

- Preparation of food, such as washing produce, peeling or cutting foods, cooking, cooling, reheating
- Ware washing
- Filling water tanks
- Dumping wastewater (Wastewater may contain grease; a grease trap is needed)
- Yellow Grease Disposal (fryer grease only)
- Brown Grease Disposal (non-recyclable grease only, such as hood and grill grease)
- Storage of foods, single-service items, and chemicals
- Servicing and cleaning of equipment and utensils
- Other (specify) _____

Commissary Log(s) must be maintained and made available upon request.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT:

- I AM PERMITTED TO REPRESENT THE COMMISSARY BUSINESS IN THESE MATTERS.
- I ACKNOWLEDGE THAT THE GREASE INTERCEPTOR/TRAP MAY BE INSPECTED REGULARLY BY THE CITIES' UTILITY/WASTEWATER DEPARTMENT AND I MAY BE REQUIRED TO PROVIDE INVOICES TO PROVE THAT MY INTERCEPTOR/TRAP IS BEING PROPERLY CLEANED.
- FORGERY OF COMMISSARY LOGS IS A CLASS 5 FELONY.
- I UNDERSTAND THAT THE HEALTH DEPARTMENT MAY INSPECT WHEN THE ABOVE-MENTIONED OPERATOR IS USING MY KITCHEN.

Signature _____ Date _____
(Commissary owner/operator)

Commissary Contact Phone Number: _____

Commissary Email Address: _____

