WELD COUNTY DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
1555 North 17th Avenue, Greeley, CO 80631 www.weldhealth.org

The following are REQUIRED to complete your review:

____ A. $100 application fee.

____ B. Food Protection Manager Certification: Provide manager certification documentation. At least one person affiliated with the facility with manager or supervisor responsibilities must demonstrate that they are able to actively manage the food safety risks by being a Certified Food Protection Manager (CFPM) (Chapter 2: 2-102.12, 2-102.20 of the Colorado Retail Food Establishments Rules and Regulations). Some exceptions may apply. For approved courses, see attached list, or visit: www.weldgov.com/go/foodsafety (Education and Training).

____ C. Completed Retail Food Establishment License Application.

____ D. Completed Plan Review Packet (Attached)

Within fourteen (14) working days of the receipt of the above information, you will receive a written response from our office advising of approval or disapproval of the submitted plans. Either plans will be approved OR changes will be required in order to comply with the *Colorado Retail Food Establishment Rules and Regulations*. Once the plans are approved, you may begin construction. **Please ensure an email is provided on page 2 (Plan Review Form) for correspondence.**

NOTE: Additional plan review fees, separate from the application fee, will be due at the time of licensing. Fees are charged at $80.00 per hour (not to exceed $580.00) for review, consultations in the office and by phone or email, and the inspections necessary to open the facility.

Other Required Permits, Licenses, or Inspections

In addition to the retail food license issued by this Department, other permits, licenses, or inspections may be required for you to operate. It is your responsibility to ensure that you have obtained all necessary permits, licenses, and inspections prior to operation, including:

- ✓ Local Building Department Permit and Inspection
- ✓ Local Fire Department Inspection
- ✓ Liquor License (if selling alcohol)
- ✓ Colorado Sales Tax License

We reserve the right to request a copy of any of the above, prior to issuing your retail food license.

Plan Review Inspections

Weld County requires at least **two** inspections of your facility in order to complete the plan review process and obtain permission to open for business. One will be a construction check or walk-through inspection, and the other will be the pre-opening inspection at which the license will be issued. ***Call at least 5 working days in advance when scheduling these inspections***.

1. **Walk-through or construction check inspection:**
   Usually conducted when the facility is about 95% complete. This inspection is to assure that the plans approved were followed and that there are no other unexpected major compliance obstacles. Usually a short "punch list" is created with items to be addressed by the final inspection. Refrigeration and plumbing will be checked at this inspection. All refrigeration units should be operating at a temperature that will hold potentially hazardous foods at 41°For below (recommend air temperature of 38°F).
   All plumbing should have hot and cold water available.

2. **Pre-opening or licensing inspection:**
   Is conducted when the facility is ready to open. All food, equipment, chemicals, test strips, thermometers, soap and paper towels should be present. All items noted on the walk-through inspection report should be completed.

The following will be collected at the licensing inspection:

a. The license fee.
b. Plan review fees ($80.00 an hour, not to exceed $580.00, is charged for desk review, consultations in the office and by phone or email, and the inspections necessary to open the facility).
c. Any remaining items noted in the checklist above (A-H).

Application Date: _____

Date construction is to start: _____ Date of planned opening: _____

Indicate number of seats in each area:
Indoor:_____ Outdoor: _____

Choose one:

☐ Newly Constructed ☐ Extensively Remodeled ☐ Re-opening of Existing facility

Plan Review Form

Establishment Information	
Name of Establishment:	Phone:
Street Address:	Fax:
City/State/Zip:	Website:
Mailing Address	Email:
Mailing City/State/Zip	
Business/Ownership Information (proprietary rights per C.R.S. 25—1605)	
Individual or Corporate Name:	Phone:
Mailing Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information- During Plan Review Process	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Send License/Renewals to:

- ☐ Business Owner Mailing Address
- ☐ Establishment Site Address
- ☐ Establishment Mailing Address

Type of Retail Food Establishment (Check all that apply)			
☐	Full Service Restaurant	☐	Bar
☐	Fast Food	☐	Coffee Shop
☐	Market (Grocery)	☐	School Food Program
☐	Deli	☐	Catering Operation
☐	Fish Market	☐	Concession
☐	Meat Market	☐	Manufacturer with Retail Sales
☐	Convenience Store	☐	Other:

Days and Hours of Operation Insert hours in the following format: 8am to 8pm
Days:
Hours:
Seasonal: Yes ☐ No ☐ List months of operations:
Projected maximum number of meals to be served.
Number of meals per week:

Have plans for this establishment been submitted to the local building department? Yes ☐ No ☐

If yes, name of local building department:

Food Handling Procedures

If Standard Operating Procedures (SOP's) are available please submit with plans.

Procedure	Yes	No
Will food be held cold?	☐	☐
Will food be held hot?	☐	☐
Will produce need to be washed?	☐	☐
*Will food be cooled after cooking?	☐	☐
*Will food be reheated after cooling?	☐	☐
*Will food that is frozen need to be thawed?	☐	☐
Will food be cooked? (example: raw meats)	☐	☐
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?	☐	☐
Will foods be prepared that will be sold to other establishments?	☐	☐
Will catering be conducted?	☐	☐
Will self-service foods (i.e., buffets and salad bars) be provided?	☐	☐
Will food items such as candy, trail mix, etc. be sold in bulk to the public?	☐	☐

Note: For those items marked yes with a * please describe on page 10.

Additional Food Handling Questions

1. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply to your facility.

   ☐ Gloves ☐ Utensils ☐ Deli Tissue ☐ Other:_____

2. Food will primarily be served on:

   ☐ Multi-use Tableware ☐ Single-service Tableware ☐ Both

3. Will vacuum packaging/reduced oxygen packaging or specialized processes be conducted?

   ☐ Yes ☐ No If yes, please see page 11 for further questions.

4. Describe where personal items will be stored.

_____

_____

_____

5. Describe where chemicals used for operation will be stored.

_____

_____

_____

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

_____
_____
_____
_____
_____

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient
☐ Rapid Cooling equipment ☐ Shallow Pans ☐ Separating food into smaller portions
☐ Other: _____

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

_____
_____
_____

List the equipment that will be used for reheating:

☐ Stove ☐ Microwave ☐ Other: _____

C. Describe how frozen foods will be thawed.

☐ Under refrigeration ☐ Under running water
☐ As part of cooking process ☐ In a microwave
☐ Other: _____

Caterers - Supplemental Questions

A. Submit Menu. Include appetizers, entrees, lunches, dinners, sides, salads and beverages. If you do not have set menu, please provide general items that you may serve in each of these categories.

B. Please describe how the temperature of potentially hazardous foods will be monitored, including frequency of temperature checks, and what foods and/or equipment will be monitored. Please attach copies of logs that will be used to help manage proper food temperatures.

C. List the foods that will be prepared more than 12 hours in advance of service. Include foods that are made from scratch such as soups, sauces, potato salad, pasta salads, chili, pasta noodles, roasts, casseroles, etc.

D. Will cooked foods be cooled to 41ºF (5ºC) or below? __YES __NO If yes, please explain how they will be cooled.

Indicate the size of and the material of the containers in which food will be placed during cooling.

Are foods covered during the cooling process? __YES __NO

Please describe how cooling processes are going to be monitored.

F. Will potentially hazardous foods be reheated and then held hot before being served?
__YES NO If yes, please explain how they will be reheated to above 165ºF (74ºC):
List the equipment that will be used for reheating.

Please describe how reheating processes are going to be monitored.

Please list the foods that are to be held hot at or above 135ºF (57ºC).

G. Describe how frozen foods will be thawed. In a refrigerator, under running water, cooking process, or microwave?

H. Attach copies of policies or describe procedures that will be used to exclude or restrict workers who are ill. The policies or procedures need to describe when ill workers will be excluded or restricted due to illness or infection, need to outline when exclusions and restrictions are to be lifted and the controls that will be implemented when workers return to work.

I. Attach copies of policies or describe procedures that will be used to address restrictions and management of workers that have cuts, burns or other open sores on their hands and arms.

J. Attach copies of policies or describe procedures that will be used to prevent bare hand contact with ready-to-eat foods.

K. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerator(s) and freezer(s) with cooked, ready-to-eat foods? YES NO If yes, please indicate on the floor plans which refrigerator(s) and freezer(s) will be used for this storage.

L. Please list the equipment that will be provided to maintain food at proper temperatures during transport.

M. Will the produce used in the operation be washed in the establishment, or will all produce be received pre-washed?

N. Will vacuum packaging or reduced atmospheric packaging be conducted in the establishment? __YES __NO If yes, please provide specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner.

O. Please describe where raw ingredients and finished product will be stored at the commissary, and how your food products will be marked?

P. Are there SOPs, a Hazard Analysis Critical Control Point (HACCP) plan, or a Food Handling Procedure Manual available that describes preparation, cooling, reheating, cooking of foods and the handling of leftovers? __YES __NO If yes, please submit with plans.

Q. If all foods are not consumed at the catered event do you keep the foods or are they left with the person/group that purchased the meals?

R. What is the greatest number of people you will serve?___

S. How many employees will you have?___ If employing temporary staff for larger events, how are those staff members to be trained as it relates to food safety?

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For Agency Use Only

Retail Food Establishment License Application

(as of September 1, 2018)

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

Ownership type:

☐ Individual **(must complete affidavit of residency)** ☐ Corporation (LLC, LLP, S-Corp, etc.) ☐ Non-profit (includes government) ☐ Other

Full legal name of owner, corporation, or non-profit:

Trade name (DBA): | Contact name (on site):

Email: | CO Sales Tax Acct. No.

Physical address of business: | City: | State: | Zip:

County where business is located: | Phone number: | Other contact number (mobile, fax, etc.):

Mailing address (if different from above): | City: | State: | Zip:

Date you started the business: | ☐ Seasonal? Mark each month you operate: ☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

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.

Signature: | Title: | Date: | Calendar Year:

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

	License Type	Code	Fee
☐	No fee license (K-12 schools, non-profits)	1000	$0.00
☐	Limited food service (convenience, other)	2000	$270.00
☐	Restaurant (0—100 seats)	3000	$385.00
☐	Restaurant (101—200 seats)	3100	$430.00
☐	Restaurant (> 200 seats)	3200	$465.00
☐	Grocery store (0—15,000 sq.ft.)	4000	$195.00
☐	Grocery store (> 15,000 sq.ft.)	4150	$353.00
☐	Grocery store w/ deli (0—15,000 sq.ft.)	5000	$375.00
☐	Grocery store w/ deli (> 15,000 sq.ft.)	5150	$715.00
☐	Mobile unit (prepackaged)	6200	$270.00
☐	Mobile unit (full food service)	6300	$385.00
☐	Oil & Gas Temporary	7000	$855.00
☐	Special Events	8000	Set locally

Total Due: $

Please remit payment to:

Weld County Department of Public Health & Environment
1555 North 17th Avenue
Greeley, CO 80631

To pay with a credit card, please call: 970-304-6415

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COMMISSARY AGREEMENT

_____
Date

I, _____ of _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment, 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 operational days:

- ☐ Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- ☐ Warewashing
- ☐ Filling water tanks
- ☐ Dumping waste water
- ☐ Storage of foods, single service items, and cleaning agents
- ☐ Service and cleaning of equipment
- ☐ 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 Public Water System ID Number (PWSID#) _____

Commissary Sanitary Sewer Service:
☐ Public ☐ Private

Signature _____ Date _____
(Commissary Owner/Operator)

Commissary Contact phone number: _____

Commissary Email address: _____

****

This Commissary Agreement is valid for this calendar year only