



Lake County  
**Public Health Agency**  
.....

**Health begins where you live, learn, work, and play!**

**P.O. Box 626 ▪ 735 Hwy 24  
Leadville, CO 80461  
Phone: (719) 656-0414**

# LAKE COUNTY ENVIRONMENTAL HEALTH

## TEMPORARY FOOD EVENT **VENDOR APPLICATION**

Submit to Event Coordinator 30 Business Days Prior to Event

Unregistered or Unlicensed vendors present day of the event will not be afforded license reciprocity and will be subject to purchase of a Lake County Temporary Event License



**PLEASE COMPLETE FRONT AND BACK OF ALL PAGES**

**TEMPORARY FOOD EVENT VENDOR APPLICATION**

All vendors must submit this vendor application to the Event Coordinator for each event in Lake County. If no menu and no equipment change is occurring from one event to another, the completed original may be copied. Attach a copy of your current temporary event or mobile unit Colorado Retail Food Establishment License, if already licensed. If not licensed please submit license fees per unit type (Pre-packaged foods only \$115.00, Full Food Service \$255.00) to Lake County Public Health Agency with this application.

Your commissary must be pre- approved by this department. **Approval of this application will be based upon menu, equipment, commissary, setup and the ability to protect against public health hazards.**

**NO FOOD, UTENSILS, OR SINGLE SERVICE ITEMS TO BE STORED OR PREPARED AT HOMES OR HOTELS AT ANY TIME**

FOR DEPARTMENT USE ONLY	
APPROVED? <input type="checkbox"/> YES	<input type="checkbox"/> NO
APPROVED BY DATE _____	
FEE'S OWED \$ _____	DATE PAID ___/___/___

<b>Event Name:</b>				<b>Event Date(s):</b>			
<b>Name of Temporary Food Establishment:</b>				Phone:			
Street Address:				Cell:			
City:				Fax:			
State/Zip:				Email:			
County:							
<i>Name under which the license is to be issued</i>							
<b>Individual(s) or Corporate Name:</b>				Phone:			
Street Address:				Cell:			
City:				Fax:			
State/Zip:				Email:			
<b>Name of Contact:</b>				Phone:			
<b>Which County issued your license?</b>							
<b>Licensing Information (Please circle all that apply)</b>							
Unlicensed (Prepackaged Foods Only \$115.00/Full Service \$255.00 Paid to LCPHA)		Licensed Temporary Event (provide copy)		Colorado Licensed Mobile Unit – Which County? (Provide copy of license)			
<b>Days and Hours of Operation of the Temporary Food Booth For This Event</b>							
<b>Days</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours</b>							
<b>Please list any additional events and dates that you plan on participating within Lake County and State of Colorado</b>							
<b>Event Name</b>		<b>Event Date(s)</b>			<b>Location</b>		
<b>What kind of vender setup are you? (Please circle one)</b>							
<b>Mobile Unit</b>		<b>Push Cart</b>		<b>Temporary Tent/Booth</b>			

**PLEASE COMPLETE FRONT AND BACK OF ALL PAGES**

**I. MENU** (Please attach additional sheets as necessary)

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.) Be sure to include items such as toppings and condiments.	
Food and Drink Items	Food Supplier/Location Where Obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

**II. FOOD PREPARATION AT THE EVENT** (Please attach additional sheets as necessary)

Food preparation/handling at the event (List menu items and check which preparation procedure each menu item requires)							
Food	Thaw	Cut/ Assemble	Cook Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

**A. Cooked Food Items On-site**

1. How will foods be cooked at the event?

- Grill                                       Stove/Oven                                       Not Applicable (specify): \_\_\_\_\_  
 Deep fat fryer                                       Microwave  
 Other (specify): \_\_\_\_\_

**\*\*No grease shall leak or be discharged onto the ground or into any storm drainage system\*\***

**B. Hot Food Items On-site**

1. How will hot foods be held at 135°F or above at the event? (Check all that apply)

- Hot holding unit     Steam table     Held under heat lamps                                       Served immediately after cooking  
 Crock-pot                                       Held on grill until served                                       Other (specify): \_\_\_\_\_

**\*\*Sterno burners/fuel gel canisters are prohibited at outdoor venues\*\***

2. What utensils will you use to dispense or serve the hot items? \_\_\_\_\_

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**C. Cold Food Items On-site**

1. How will cold foods be held at 41°F or below at the event? (Check all that apply)

- Refrigerator/freezer
- Ice chest - *must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.*
- Other (specify): \_\_\_\_\_

2. What utensils will you use to dispense or serve the cold items? \_\_\_\_\_

**\*\*Styrofoam and soft sided coolers are prohibited section\*\***

**D. Reheating Food Items On-site**

1. How will foods be re-heated to at least 165°F at the event? (Check all that apply)

- Microwave       Grill       Oven       Hot plate
- Other (specify): \_\_\_\_\_

**E. Transport**

1. Please provide the distance between your **approved** facility or commissary and the location at the event.

Distance: \_\_\_\_\_

2. Method of transport \_\_\_\_\_

**\*\* All foods, utensils, and single use articles shall be transported from the commissary to the event site in a manner that protects them from contamination. Food product temperature shall be maintained \*\***

3. What equipment will you use to control temperatures during transport?

- Refrigerator/freezer       Cambros for hot foods
- Cambros for cold foods
- Other (specify): \_\_\_\_\_

**I. FOOD PREPARATION IN COMMISSARY**

Preparation at Approved Facility or Commissary (Attach additional sheets as necessary) (List menu items and check which preparation procedure each menu item requires)							
Food	Thaw	Cut/ Assemble	Cook Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

**A. Cooked Food Items in the Commissary**

1. How will foods be cooked in the commissary?

- Grill       Stove/Oven       Not applicable (specify): \_\_\_\_\_
- Deep fat fryer       Microwave
- Other (specify): \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF ALL PAGES**

**B. Hot Food Items in the Commissary**

1. How will hot foods be held at 135°F or above in the commissary? (Check all that apply)

- Hot holding unit     Steam table     Held under heat lamps     Oven     Held on grill
- Not applicable (specify): \_\_\_\_\_     Other (specify): \_\_\_\_\_

**C. Cold Food Items in the Commissary**

1. How will cold foods be held at 41° F or below at the commissary?

- Reach-In Refrigerator     Walk-In Cooler     Reach-In Freezer     Walk-In Freezer
- Not applicable (specify): \_\_\_\_\_     Other (specify): \_\_\_\_\_

**D. Reheating in the Commissary**

1. How will foods be re-heated to at least 165 °F at the commissary?

- Microwave     Oven/stove     Not applicable     Grill     Other (specify): \_\_\_\_\_

**E. Rapidly Cooling in the Commissary**

1. How will foods be *rapidly cooled* to 41°F or below at the commissary?

- Shallow pans (less than 4”) in refrigerator or cooler     Ice-bath to cool the food product
- Ice paddle or wand     Not applicable (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

What kind and how many food thermometers (0-220°F) do you have? \_\_\_\_\_

- Metal stem probe     Thermocouple     Digital

How often will you use a thermometer to check food temperatures? \_\_\_\_\_

**II. HANDWASHING - *\*\*ATTACH A PICTURE OF YOUR HAND WASHING STATION\*\****

**Hand sink must be a pressurized system with hands free continuously flowing warm water with soap, paper towels and a trash receptacle supplied. Note: push button spigots are not permitted, and hand sanitizers are not an acceptable substitute for the required hand-washing set-up**

**A.** A hand-washing station WITHIN reach to booth or unit is REQUIRED unless only prepackaged foods requiring no preparation and / or cooking are to be served. Please check the space below that applies to your booth/unit.

- I will be serving only prepackaged foods that require no preparation and/or cooking.
- I will be serving foods that require preparation and / or cooking and will provide the following for hand-washing;
  - 1.) A minimum of 5 gallons of warm potable water that must be refilled as needed in a container with a ‘hands-free’ spigot.
  - 2.) Soap
  - 3.) Paper towels
  - 4.) 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed ***\*\*must drain into a closed container to prevent splashing\*\****

**B.** Where will wastewater be disposed?

WHAT SIZE IS THE TANK? \_\_\_\_\_ (MINIMUM: 15% LARGER THAN POTABLE WATER TANK CAPACITY)

- Commissary     Approved on-site receptacle at event     Other (specify): \_\_\_\_\_

***\*\*WASTEWATER CANNOT BE DUMPED ON THE GROUND, INTO STORM DRAINS or DUMPED IN PORTABLE TOILETS WATER MUST BE PLACED IN APPROVED RECEPTACLE OR SANITARY SEWER\*\****

**PLEASE COMPLETE FRONT AND BACK OF ALL PAGES**

C. How will you ensure there is no cross contamination between the tanks and hoses of the potable water and the wastewater?

- Potable water inlet above wastewater outlet
- Different color or sized removable tanks
- Different color or sized hoses
- Different threads on inlet and outlet
- Other (specify) \_\_\_\_\_

D. Where will utensil washing take place?

- Commissary
- Commercial 3-compartment sink unit
- Other (specify): \_\_\_\_\_

**\*\*Extra utensils must be provided to replace soiled items at a minimum of every 4 hours - Provide additional utensils in case they become soiled from cross contamination\*\***

E. Indicate what type of sanitizer will be used:

- Chlorine
- Quaternary Ammonia
- Other(Specify)

**\*\*Chemical test kits must be available for all sanitizers used and at all locations\*\***

### III. BOOTH LAYOUT AND MAP *(Provide a drawing schematic of the Temporary Food Establishment)*

A. The map shall include the following:

- Cooking equipment
- Hand Washing facilities
- Food and Single Service storage
- Customer Service area
- Hot and Cold Holding equipment
- Work surfaces
- Garbage containers

B. Identify and describe all equipment.

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C. What is your booth plan for flying insects and dust control, if applicable?

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**\*\*A mobile unit, pushcart or temporary food booth will not be allowed to operate under the following conditions: Lack of refrigeration, lack of water, lack of electricity (depending on need), inability to sanitize, lack of proper disposal of wastewater, inability to wash hands, operating without a license, operating without an approved commissary or any other situations that pose an imminent health hazard\*\***

**COMMISSARY AGREEMENT**

NAME OF EVENT \_\_\_\_\_

DATES OF ALLOWED USE \_\_\_\_\_

I, \_\_\_\_\_ OF \_\_\_\_\_,  
(OWNER/OPERATOR) (ESTABLISHMENT NAME)

LOCATED AT \_\_\_\_\_  
(ADDRESS OF ESTABLISHMENT)

DO HEREBY GIVE MY PERMISSION TO \_\_\_\_\_  
(NAME OF MOBILE UNIT/PUSHCART/TEMPORARY BOOTH)

TO USE MY KITCHEN FACILITIES TO PERFORM THE FOLLOWING:

- \_\_\_\_\_ PREPARATION OF FOODS SUCH AS VEGETABLES OR FRUITS, \_\_\_\_\_ WARE WASHING
- \_\_\_\_\_ CUTTING MEATS, COOKING, COOLING, REHEATING. \_\_\_\_\_ FILLING WATER TANKS
- \_\_\_\_\_ STORAGE OF FOODS, SINGLE SERVICE ITEMS, AND CLEANING AGENTS \_\_\_\_\_ DUMPING WASTE WATER
- \_\_\_\_\_ SERVICE AND CLEANING OF THE EQUIPMENT \_\_\_\_\_ OTHER (LIST BELOW)

COMMISSARY WATER SUPPLY? MUNICIPAL \_\_\_\_\_ WELL \_\_\_\_\_

COMMISSARY SANITARY SEWER SERVICE? MUNICIPAL \_\_\_\_\_ SEPTIC \_\_\_\_\_

**INDICATE HOURS FACILITY IS OPEN FOR MOBILE UNIT USE:**

SUN \_\_\_\_ TO \_\_\_\_ MON \_\_\_\_ TO \_\_\_\_ TUES \_\_\_\_ TO \_\_\_\_ WED \_\_\_\_ TO \_\_\_\_  
THURS \_\_\_\_ TO \_\_\_\_ FRI \_\_\_\_ TO \_\_\_\_ SAT \_\_\_\_ TO \_\_\_\_

INDICATE THE EQUIPMENT AVAILABLE AT THE COMMISSARY FOR THE PROPOSED USES:

HAND SINK \_\_\_\_\_ PREP SINK \_\_\_\_\_ MOP SINK \_\_\_\_\_ THREE BAY SINK \_\_\_\_\_

DISH MACHINE \_\_\_\_\_ REFRIGERATION \_\_\_\_\_ COOLING EQUIPMENT \_\_\_\_\_ DRY STORAGE \_\_\_\_\_

OTHER \_\_\_\_\_

\_\_\_\_\_  
OWNER/OPERATOR DATE

\_\_\_\_\_  
PHONE NUMBER

***\*\*This commissary agreement is valid for this event only\*\****

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Lake County  
**Public Health Agency**

**RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION FOR CALENDAR YEAR**

**2026**

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained. Your bank account may be debited as early as the same day received. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollectible funds, Lake County Public Health Agency may collect the payment amount directly from your bank account electronically.

Health Department Approval

**Make remittance payable to: Lake County Public Health Agency**



Submit payment and application to:

Lake County Public Health Agency

Attn: **Environmental Health**

P.O. Box 626/ 735 Hwy 24

Leadville, CO. 80461

Type of Ownership

- Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification.)  
 General Partnership  Limited Partnership  Limited Liability Company  Limited Liability Partnership  Limited Liability Limited Partnership  
 Corporation  "S" Corporation  Association  Estate  Government  
 Joint Venture  Trust  Non-Profit 501(c)(3) [ Please enclose copy of IRS letter of exemption]

**License to be issued in the name(s) of** (full legal name of corporation; individual owner or name of first partner)

(names of second and additional partners or corporation officers)

Trade Name (Doing Business As)

FEIN Number/Social Security Number

Business Located at (street or rural route, city, state, and ZIP code)

County in which business is physically located

Phone Number

Mailing Address (if different from location above; include street, city, state, and ZIP code)

Date you started the business

If seasonal, mark each business month

JAN  MAR  MAY  JULY  SEPT  NOV  
 FEB  APR  JUNE  AUG  OCT  DEC

Seasonal Date of Operation: Begin Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Month Day

Are you liable for reporting state sales tax?

Yes  No

Liquor?  Yes  No

Gaming?  Yes  No

Onsite Phone Number

NAME of onsite Kitchen Manager and EMAIL ADDRESS

Colorado Sales Tax Account Number (required)

Name and address of current owner

Calendar Year

**For Health Department Use Only**

- |  |          |   |                      |
|--|----------|---|----------------------|
| <input type="checkbox"/> No fee License (Govt. Entity/Non-Profit/Minor)  | \$0.00   | <input type="checkbox"/> Temporary Event Vendor License (Prepackaged Foods Only)        | \$115.00             |
| <input type="checkbox"/> Restaurant 0-100 Seats                          | \$385.00 | <input type="checkbox"/> Temporary Event Vendor License (Full Service)                  | \$255.00             |
| <input type="checkbox"/> Restaurant 101-200 Seats                        | \$430.00 | <input type="checkbox"/> Temporary Event Coordinator Plan Review                        | \$100.00             |
| <input type="checkbox"/> Restaurant Over 200 Seats                       | \$465.00 | <input type="checkbox"/> Temporary Event Coordinator Fee (< 5 Vendors)                  | \$50.00              |
| <input type="checkbox"/> Grocery Store with Deli (up to 15,000 Sq Ft)    | \$375.00 | <input type="checkbox"/> Temporary Event Coordinator Fee (5-9 Vendors)                  | \$100.00             |
| <input type="checkbox"/> Grocery Store with Deli (over 15,000 Sq Ft)     | \$715.00 | <input type="checkbox"/> Temporary Event Coordinator Fee (10-19 Vendors)                | \$150.00             |
| <input type="checkbox"/> Grocery Store without Deli (up to 15,000 Sq Ft) | \$195.00 | <input type="checkbox"/> Temporary Event Coordinator Fee (20-30 Vendors)                | \$200.00             |
| <input type="checkbox"/> Grocery Store without Deli (over 15,000 Sq Ft)  | \$353.00 | <input type="checkbox"/> Coordinator Fee for Late Vendor Entry (13 days prior to event) | \$25.00              |
| <input type="checkbox"/> Limited Retail Food Service                     | \$270.00 | <input type="checkbox"/> Coordinator Fine for Unannounced Vendors Present               | \$100.00             |
| <input type="checkbox"/> Mobile Unit (Prepackaged Foods Only)            | \$270.00 | <input type="checkbox"/> Vendor Fine (Unlicensed or Unannounced)                        | \$115.00 to \$255.00 |
| <input type="checkbox"/> Mobile Unit (Full Service)                      | \$385.00 |   |                      |

**Total Paid:** \$

**I do hereby certify that I have complied with all items as listed in the Colorado Retail Food Establishment Regulation, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment or local board of health. I do hereby agree that in the event that items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.**

Applicant Signature

Title

Date

x

EH Inspector Signature

Date

x

Please contact the following agencies/personnel for further approval:

#### Location/Zoning Requirements

- City of Leadville
  - Permitting- Andrew Cummins, acummins@leadville-co.gov. P-719-656-0208
  - Planning- Alex Willis, awillis@leadville-co.gov. P-719-656-0625
- Lake County Government
  - Community Planning- Don Helmick, dhelmick@lakecountycogov.gov. P-719-839-2596

#### City of Leadville Business Licenses

- Ali Rudy- arudy@leadville-co.gov. P-719-656-0624