



**Eagle County Department of Environmental Health**  
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## FOOD VENDOR APPLICATION FOR TEMPORARY EVENTS

**All vendors must complete and submit this information to Environmental Health no less than 2 weeks prior to your event. Lack of a timely, complete plan review submittal can prevent you from operating in Eagle County.**

If you are serving food at a **Temporary Event** in Eagle County for the first time this year, please complete the following **Temporary / Special Events Operational Plan Review Form**. **There is a \$100.00 fee payable to the Eagle County Treasurer upon submittal.**

*If you are already licensed in Colorado to participate in Temporary or Multiple Events, please attach a copy of your current temporary or multiple events license. If you were licensed in Eagle County last year, and there are no changes to your operation, please complete a renewal affidavit.*

Please write legibly and complete the following:		
Temporary Retail Food Establishment Name:	Legal Owner's Name:	
Establishment Address(Street Address or P.O. Box):		
City:	State:	Zip Code:
Telephone #:	Fax #:	
If you are already licensed, which county issued your license?	E-mail Address:	

**List the events you plan to participate in**

Name:	Date(s):
Name:	Date(s):
Name:	Date(s):
Name:	Date(s):
Name:	Date(s):

**\*All vendors shall have the original Colorado Temporary or Multiple Event Food Establishment license on premise at all times\***

**1. Are you (mark one):**

- |   |                                      |
|---|--------------------------------------|
| Unlicensed:   | Non-Profit (provide documentation):  |
| Currently Licensed temporary vendor (provide copy): | Licensed Mobile Unit (provide copy): |

**2. How many people do you anticipate serving each day of the event?**

<b>FOR HEALTH DEPARTMENT USE</b>		<b>Approved:</b>	
Licensed:		Yes:	
Needs License:		No:	
Non-profit:		EH Specialist Signature:	Date:

**3. 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**

**Location where obtained**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**4. FOOD PREPARATION**

Please list all menu items requiring preparation. Also place a check in the box indicating where the preparation takes place.      **C = Commissary/Commercial Kitchen**      **E = Event**

FOOD	Thaw		Cut/ Assemble		Cook/ Bake		Cool		Reheat		Cold Holding		Hot Holding	
	C	E	C	E	C	E	C	E	C	E	C	E	C	E
Sample: Chili	X		X		X		X			X				X
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

**5. What is the name and location of your commissary? (Complete Commissary Agreement on page 6.)**

**Name:** \_\_\_\_\_  
**Contact Person and Phone #:** \_\_\_\_\_

**FOOD HANDLING AT THE *COMMISSARY***

**6. Cooling**

**How will foods be rapidly cooled to 41°F or below? (mark all that apply)**

- Shallow Pans
- Using an ice-bath to cool the food product
- Ice paddle or wand
- Other (please specify) \_\_\_\_\_

**7. Reheating**

**How will foods be re-heated to at least 165 degrees F? (mark all that apply)**

- Microwave
- Oven
- Hot Plate
- Grill
- Other (please specify) \_\_\_\_\_

**8. Transport**

**Please provide the distance that you will be transporting food to the event:**

\_\_\_\_\_

**What equipment will you use to control temperatures during transport?**

- Coolers with ice
- Cambros for hot foods
- Cambros for cold foods
- Other (please specify) \_\_\_\_\_

**AT THE EVENT**

**9. HANDWASHING**

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

**A. I will be serving only prepackaged foods that require no preparation and/or cooking.**

**B. I will be serving foods that require preparation and/or cooking and will provide the following for hand-washing:**

- A minimum of 2 gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot
- Soap
- Paper towels
- 5 gallon bucket (minimum) to catch and contain wastewater until it is properly disposed

**NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.**

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

Commissary

Approved on-site receptacle at event

Other (please specify)

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**Wastewater CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from your event coordinator where this is located for each event.**

**11. Food Handling at the Booth (Please attach additional sheets, as necessary.)**

**A. Hot Food Items**

**I. How will foods be cooked at the site? (mark all that apply)**

Grill

Hot plate

Deep fat fryer

Oven/Stove

Microwave

Other (please specify)

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**II. Reheating**

**How will hot foods be held at 135°F or above at the event? (Sterno burners are prohibited - mark all that apply)**

Hot holding unit

Crock-pot

Steam table

Held under heat lamps

Held on grill until served

Other (please specify)

Served immediately after cooking

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**III. What utensils will you use to serve or dispense the hot items?**

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**B. Cold Food Items**

**I. How will foods be held 41°F or below at the event? (mark all that apply)**

Refrigerator/Freezer

Ice chest (must be drainable and foods may not contact ice unless packaged and sealed)

Other (please specify)

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**II. What kind, and how many, food thermometers do you have?**

Metal Stem probe  
Thermocouple

Digital

**III. What utensils will you use to serve or dispense the cold items?**

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**12. OPERATIONS**

**A. How will you prevent bare hand contact with ready to eat foods? (mark all that apply)**

Tongs

Food grade disposable gloves

Deli tissues

Other (please specify)  
\_\_\_\_\_

**B. Where will utensil washing take place?**

Commissary

Commercial 3-compartment sink  
at event

**C. What sanitizer will be used for wiping cloths?**

Chlorine

Quaternary Ammonia

Other (please specify)  
\_\_\_\_\_

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

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**BOOTH LAYOUT AND MAP**

**Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment.**

**The map shall include the following:**

**Cooking equipment**

**Hot and Cold Holding equipment**

**Hand Washing facilities**

**Work surfaces**

**Food and Single Service storage**

**Garbage containers**

**Customer Service area**

**Personal item storage/ Break area**

**Eagle County Environmental Health Department**

**COMMISSARY AGREEMENT**

**For temporary retail food operation or mobile unit**

**Date:**

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I, \_\_\_\_\_ of, \_\_\_\_\_  
(Owner/Operator of commissary) (Establishment name)

, located at \_\_\_\_\_ do hereby give permission to \_\_\_\_\_  
 (Commissary Address) (Temporary or mobile unit establishment name)

To utilize my kitchen facilities to perform the following:

- |  |                     |
|--|---------------------|
| Preparation of foods such as vegetables or fruits,<br>cutting meats, cooking, cooling and reheating. | Dishwashing         |
| Storage of foods, single service items and cleaning<br>agents  | Filling water tanks |
| Service or cleaning of equipment   | Dumping waste water |

Other (please specify) \_\_\_\_\_

Commissary water supply?                      Municipal:                      Well:  
 Commissary sanitary sewer service?      Municipal:                      Well:

**Hours commissary is available for booth operator use:**

Monday		Tuesday		Wednesday		Thursday		Friday	
To		To		To		To		To	
Saturday		Sunday							
To		To							

**Indicate the equipment available at the commissary for the proposed uses above:**

- |              |                 |          |                   |
|--------------|-----------------|----------|-------------------|
| Hand sink    | Prep sink       | Mop sink | Three bay sink    |
| Dish machine | Refrigeration   | Freezer  | Cooling equipment |
| Dry Storage  | Other (specify) | _____    |                   |

\_\_\_\_\_  
 Signature, Owner/Operator of Commissary

\_\_\_\_\_  
 Phone #

**THIS COMMISSARY AGREEMENT IS VALID FOR THE CALENDAR YEAR ONLY.**

**Submit to:**

Eagle County Environmental Health  
 PO Box 179, 500 Broadway  
 Eagle, CO 81631-0179  
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