

### Catering from a Commissary Plan Review and Application

The purpose of this document is to obtain all necessary information for establishing a retail food business. Please complete all applicable sections of this packet and submit to the Health Department when complete.

#### General Checklist

The following are REQUIRED to complete your review:

- ☐ **\$155 Plan Review Fee and License Fee**
- ☐ **Food Protection Manager Training & Certification:** Exam completion certificate required before submitting application (if applicable).
- ☐ **Completed Plan Review Packet**
- ☐ **Proposed Menu:** Breakfast/Lunch/Dinner (including seasonal, off site catering, and banquet menus).
- ☐ **Floor Plan for your Commissary:** Show location of equipment, plumbing, and ventilation (hood, make-up air returns, and ducts). Please identify any garage doors and openings to the exterior. Provide us with as much detail as you can if your commissary does not have this readily available.
- ☐ **Plumbing Plan for your Commissary:** Provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan. Also show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks. Provide us with as much detail as you can if your commissary does not have this readily available.
- ☐ **Electrical Plan for your Commissary:** Show locations and specifications of lights. Provide us with as much detail as you can if your commissary does not have this readily available.
- ☐ **Site Plan for your Commissary:** Show location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.). Also note any changes/construction that will occur in the facility prior to, or after, opening. Provide us with as much detail as you can if your commissary does not have this readily available.
- ☐ **Employee Illness Policy:** This policy must indicate procedures and restriction/exclusion steps that will be taken if employees are sick with any of the following symptoms: fever with a sore throat, vomiting, diarrhea, or jaundice. It also must include action steps to be taken by management in the case that a staff member is diagnosed with a reportable illness such as Salmonella, Norovirus, Hepatitis A, Shigella, or E. Coli. A vomit/fecal incident clean up procedure is also required.
- ☐ **Commissary Agreement (attached):** All businesses that use a commissary must have a commissary agreement and must maintain a commissary use log (for each time the commissary is used). This log must be available at all times during operation. The commissary must meet the basic requirements for a commercial kitchen and cannot be in a private residence. It is the responsibility of the permit holder to ensure and verify that their commissary has adequate equipment/facilities to meet the requirements of the code.

## Plan Review and Application Form

Establishment Information											
Name of Retail Food Establishment:								Phone:			
<input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.) <input type="checkbox"/> Non-profit (includes government) <input type="checkbox"/> Other: _____											
Street Address:								Cell:			
City/State/Zip:								Email:			
County:											
Ownership Information (proprietary rights per C.R.S. 25-1605)											
Corporation Name:								Phone:			
Mailing Address:								Cell:			
City/State/Zip:								Email:			
Contact Information for Yearly License Renewal (if different from establishment information)											
Name of Primary Contact:								Phone:			
Street Address:								Cell:			
City/State/Zip:								Email:			
Licensing Information											
Sales Tax #											
Days and hours of operation											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____				
Check all months you plan to operate											
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Date of planned opening: _____											

## Food Handling Procedures

**What method(s) will you use to rapidly cool cooked food to 41°F or below? Check those that apply.**

- ☐ 2 inch Shallow Pans ☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient  
☐ Rapid cooling equipment ☐ Food divided into smaller portions ☐ Other: \_\_\_\_\_

**Helpful food safety note:** Cooling in a 2" pan under refrigeration is the most effective method for rapid cooling. Foods must be cooled rapidly to prevent the growth of bacteria and bacterial toxin production. Toxins cannot be cooked out of food and can make people sick, which is why rapid cooling is so important. You have (at a maximum) 2 hours to cool food from 135°F to 70°F and then 4 hours to cool food from 70°F to 41°F. If your food does not cool quickly enough, it must be discarded.

**How will you reheat cooled foods and leftovers to 165°F or above? Check those that apply.**

- ☐ Stove ☐ Microwave ☐ Other: \_\_\_\_\_

**Helpful food safety note:** The internal temperature of reheated food must reach 165°F in under 2 hours (ideally as rapidly as possible). Reheating in a steam table or with sternos is not an appropriately fast method for reheating food and is prohibited in the food code.

**How will you thaw frozen foods? Check those that apply.**

- ☐ Under refrigeration ☐ Under running, cold (less than 70°F) water ☐ As part of the cooking process  
☐ Other: \_\_\_\_\_

**Helpful food safety note:** Thawing foods in a refrigerator is the safest method for thawing food. Foods may not be thawed under hot water, in still water, or in the microwave (unless food thawed in a microwave will be cooked or served immediately). Germs love to grow in warm water and will thrive in water that is not in motion, which is why the food code requires cold, running water if food is not thawed under refrigeration.

**How will you prevent bare hand contact with ready-to-eat foods? Check those that apply.**

- ☐ Gloves ☐ Utensils (tongs, spatulas, etc) ☐ Deli Tissue ☐ Other: \_\_\_\_\_

**Helpful food safety note:** Bare hand contact is one of the leading causes of foodborne illness transmission. There are many germs that cannot be washed off of hands completely and, even if hand sanitizer is used in addition to handwashing, these germs will still be present on hands in concentrations large enough to make someone sick. Preventing bare hand contact with ready-to-eat foods is one of the most important ways to prevent the transmission of foodborne illness.

**How will you ensure that cold foods are held at 41°F or below at all times? Check those that apply.**

- ☐ Daily thermometer checks (required) ☐ Refrigerator ☐ Chest Cooler ☐ Ice Bath ☐ Freezer  
☐ Other: \_\_\_\_\_

**Helpful food safety note:** Many kinds of harmful bacteria grow at room temperature (between 41°F and 135°F). Ensuring that cold held food remains below 41°F is critical to preventing their reproduction.

**How will you ensure that hot foods are held at 135°F or above at all times? Check those that apply.**

- ☐ Daily thermometer checks (required) ☐ Steam Table ☐ Sternos ☐ Double boiler on flat top or stove  
☐ Other: \_\_\_\_\_

**Helpful food safety note:** Almost all harmful bacteria grow best at human body temperatures (between 70°F and 135°F). Ensuring that hot held food remains above 135°F is critical to preventing their reproduction.

**How will you ensure that your dishes are properly cleaned and sanitized? Check those that apply.**

- ☐ 3-Compartment Sink ☐ Chemical Dishwasher ☐ High Temperature Dishwasher ☐ Other: \_\_\_\_\_

**Helpful food safety note:** An external testing device for your sanitizing method is required. If chemicals are used to sanitize, test strips appropriate for the chemical being used are necessary. If heat is being used to sanitize, temperature test strips or a Plate-Simulating Dishwasher Thermometer is required.

**A handwashing station located at your catering site is required unless only prepackaged food requiring no assembly or cooking will be served.**

Check which option applies to your operation:

- ☐ I will be serving only prepackaged foods that require no preparation and/or cooking  
☐ I will have close access to an onsite hand washing sink with hot and cold water under pressure  
☐ I will have the following for my hand washing station set up:
- ☐ At least 5 gallons of warm potable (clean) water in a container with a "hands-free" spigot
  - ☐ Soap and Paper towels
  - ☐ Container to catch wastewater
  - ☐ Trash container for used paper towels

**Helpful food safety note:** The code requires a handwash before each task change while serving and preparing food. Almost every time you change gloves you will need to wash your hands with soap and water. Hand sanitizer is not an acceptable substitute for handwashing.

## Location of Food Handling Procedures

Check all the food handling procedures that apply and complete the table below.

Food Handling Procedure	Y	N	If yes, indicate where the procedure will take place	
			Commissary	Catering Site
Will food be held cold? (required to be 41°F or below)	<input type="checkbox"/>	<input type="checkbox"/>		
Will food be held hot? (required to be 135°F or above)	<input type="checkbox"/>	<input type="checkbox"/>		
Will produce need to be washed?	<input type="checkbox"/>	<input type="checkbox"/>		
Will food be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>		
Will food be reheated after cooling?	<input type="checkbox"/>	<input type="checkbox"/>		
Will food that is frozen need to be thawed?	<input type="checkbox"/>	<input type="checkbox"/>		
Will food be cooked? (example: raw meat, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>		
Will the facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?	<input type="checkbox"/>	<input type="checkbox"/>		
Will foods be prepared that will be sold to other establishments?	<input type="checkbox"/>	<input type="checkbox"/>		
Will there be a salad bar, buffet, or self serve/condiment station?	<input type="checkbox"/>	<input type="checkbox"/>		
Will bulk food items (candy, trail mix, etc.) be sold to the public?	<input type="checkbox"/>	<input type="checkbox"/>		

### Important Notes:

- Food must be obtained from approved sources that comply with the applicable laws relating to food and food labeling. Food cannot be obtained from other retail food establishments or cottage foods businesses.
- **Preparation of food, dishwashing, laundering, water tank refilling, wastewater dumping, and storage of any items related to the operation is prohibited in any residence or personal home.** A commissary kitchen, professional laundering service, or water dump/refilling station is required for these activities.

### Please attach a complete menu proposal to this page

- ☐ The proposal should include all menu items for Breakfast/Lunch/Dinner including any seasonal, off site catering, and banquet menus
- ☐ Ensure that a consumer advisory notice is provided for any raw, undercooked, or served “to order” products
- ☐ Ensure that a major food allergen notice indicating the presence of any of the 9 major food allergens is included on your menu. The nine major allergens are as follows: Milk, Eggs, Fish, Crustacean shellfish (e.g., shrimp, lobster), Tree nuts (e.g., peanuts, almonds, walnuts), Wheat, Soybeans, Peanuts, and Sesame

## Special Process Requirements

### Variance Requirement

If your operation includes any of the following specialized processing methods you must obtain a variance from the Colorado Department of Public Health & Environment (Check all boxes that apply to your operation):

- ☐ Smoking food as a method of preservation rather than as a method of flavor enhancement.
- ☐ Curing Food
- ☐ Using food additives or adding components such as vinegar as a method of food preservation rather than flavor enhancement or to render food so that it is not "time/temperature control for safety" food.
- ☐ Packaging Time and Temperature Controlled foods using a reduced oxygen environment.
- ☐ Operating a molluscan shellfish life support system display tank.
- ☐ Custom processing of animals that are for personal use as food
- ☐ Sprouting seeds or beans

### HACCP Requirement

If your operation includes any of the following procedures you will need a HACCP Plan that meets the requirements of 3-502.12 and a designated work area accessible only to responsible trained personnel (Check all boxes that apply to your operation):

- ☐ Vacuum Packaging
- ☐ Sous Vide
- ☐ Cook-Chill

### Special Equipment

**Ventilation:** If your commissary is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood may be required. Please ensure your commissary has the appropriate equipment for the type of food you plan to prepare.

#### VENTILATION

Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)

**Note:** Fire suppression systems may be required in certain jurisdictions. Please ensure your commissary has contacted the local fire department.

## Please attach an Employee Illness Policy to this page

- ☐ This policy must indicate procedures and restriction/exclusion steps that will be taken if employees are sick with any of the following symptoms: fever with a sore throat, vomiting, diarrhea, or jaundice.
- ☐ It also must include action steps to be taken by management in the case that a staff member is diagnosed with a reportable illness such as Salmonella, Norovirus, Hepatitis A, Shigella, or E. Coli.
- ☐ A vomit/fecal incident clean up procedure is also required.

## Physical Facilities

Please attach a drawing/sketch of the layout of your Commissary. Most commissaries will have this on file. If they do not, provide us with as much information as you can. Please note that food contact and non-food contact surfaces must be made of material that is easy to clean and keep clean.

Sketched plans required are as follows:

- ☐ **Site Plan of your Commissary:** Show location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.). Also note any changes/construction that will occur in the facility prior to, or after, opening.
- ☐ **Floor Plan of your Commissary:** Show location of equipment, plumbing, and ventilation (hood, make-up air returns, and ducts). Please identify any garage doors and openings to the exterior.
- ☐ **Electrical Plan of your Commissary:** Show locations and specifications of lights.
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- ☐ Please also complete the table below for all food related plumbing fixtures

Identifying # on facility drawing	Equipment/Fixture Type	# of Fixtures in facility
	Hand Sink	
	Dish Machine	
	3-Compartment Sink w/ air gap	
	Garbage Disposal	
	Food Prep Sink	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machine	
	Mop Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Grease Trap	
	Other:	

### Important Plumbing Notes:

- Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100 mesh screen and may require a drain.
- Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher rinsers.
- Indirect drainage is required for all warewashing (3-compartment and dish machines) food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.
- Items may not drain into buckets.



# DELTA COUNTY PUBLIC HEALTH

## Commissary Agreement

I, \_\_\_\_\_ of \_\_\_\_\_  
(Commissary Owner/Operator) (Commissary Establishment Name)

located at \_\_\_\_\_  
(Address of Establishment , City, State, Zip)

give my permission to \_\_\_\_\_ of \_\_\_\_\_  
(Catering Business Owner/Operator) (Name of Catering Business)

to use my 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
- ☐ Dumping mop water
- ☐ Storage of foods, single service items, and cleaning agents
- ☐ Service and cleaning of equipment
- ☐ Other (specify): \_\_\_\_\_

Commissary Agreement Start Date: \_\_\_\_\_

Commissary Agreement End Date: \_\_\_\_\_

**This Commissary Agreement is valid until the end date**

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 Services:

☐ Public ☐ Private

Commissary Owner Signature:

Date:

Catering Business Owner Signature:

Date:

## Applicable Fees

**In addition to the \$155 plan review fee, the annual license fee must be collected before we can issue a permit.** Please note that licenses are issued per calendar year, not per 12 months. This means that if you obtain a license in 2025 you will need to renew your license in December to obtain a 2026 permit, regardless of whether or not you have held a 2025 license for a full 12 months. Please see the following information about the current fee schedule and increases required by the State of CO:



### **COLORADO** Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

TO: Licensed Colorado Retail Food Establishments  
FROM: Troy Huffman R.E.H.S., CDPHE Retail Food Team Coordinator  
SUBJECT: Retail Food Establishment license fees  
DATE: July 1, 2025

Through a partnership between the food service industry, the Colorado Department of Public Health & Environment (CDPHE) and local public health agencies, several aspects of the Colorado Food Protection Act have been updated. Senate Bill 25-285 was passed by the Legislature this year and included graduated increases in retail food establishment license fees over the next three years.

For any establishment with a current 2025 Retail Food Establishment license, **the increase will not affect you until your 2026 license renewal.** The chart below details retail license fees, by license type, and the changes you should expect over the next three years:

Licensing Category	Current Fee	9/1/2025 Fee	1/1/2027 Fee	1/1/2028 Fee
Restaurant 0-100 seats	\$385	\$481	\$567	\$682
Restaurant 101-200 seats	\$430	\$538	\$634	\$763
Restaurant over 200 seats	\$465	\$581	\$687	\$826
Grocery Stores with Deli, up to 15,000 sq. ft.	\$375	\$469	\$552	\$664
Grocery Stores with Deli, over 15,000 sq. ft.	\$715	\$894	\$1,062	\$1,276
Grocery Store without Deli, up to 15,000 sq. ft.	\$195	\$244	\$282	\$340
Grocery Store without Deli, over 15,000 sq. ft.	\$353	\$441	\$519	\$624
Limited Retail Food Service	\$270	\$338	\$394	\$475
Mobile Unit, Prepackaged Food	\$270	\$338	\$394	\$475
Mobile Unit, Full Service	\$385	\$481	\$567	\$682

If you have questions, please feel free to contact Troy Huffman at [troy.huffman@state.co.us](mailto:troy.huffman@state.co.us) or (303) 963-6633.

4300 Cherry Creek Drive S., Denver, CO 80246-1530 P 303-692-2000 [www.colorado.gov/cdphe](http://www.colorado.gov/cdphe)  
Jared Polis, Governor | Jill Hunsaker Ryan, MPH, Executive Director



### Type of License:

### Office Use Only

- ☐ Restaurant 0-100 seats  
 ☐ Restaurant 101-200 seats  
 ☐ Restaurant over 200 seats  
 ☐ Grocery Stores with Deli, up to 15,000 sq. ft.  
☐ Grocery Stores with Deli, over 15,000 sq. ft.  
 ☐ Grocery Store without Deli, up to 15,000 sq. ft.  
 ☐ Grocery Store without Deli, over 15,000 sq. ft.  
 ☐ Limited Retail Food Service  
 ☐ Mobile Unit, Prepackaged Food  
 ☐ Mobile Unit, Full Service

**Fee Due for Establishment: \$155 + \$\_\_\_\_\_ = \$\_\_\_\_\_ total**