



## Mobile Retail Food Establishment (RFE) 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:** Show location of equipment, plumbing, and ventilation (hood, make-up air returns, and ducts). Please identify any garage doors and openings to the exterior.
- Plumbing Plan:** 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.
- Electrical Plan:** Show locations and specifications of lights.
- Site Plan, if applicable:** 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.
- External Services Plans:** The facilities you plan to use for laundry, graywater dumping, blackwater dumping (if applicable), and water refill services need to meet basic standards. Please provide grease trap, grease/solids interceptor plans for water dumping sites; hose bib and water source plans for water refill sites; and indicate which laundry facilities you plan to use for laundering.
- 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.
- Commissary Agreement (attached):** All mobile units 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 the mobile unit or restaurant 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 (Mobile Unit)

Establishment Information											
Name of Mobile Unit:	Phone:										
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart <input type="checkbox"/> Self-Contained Unit <input type="checkbox"/> Prepackaged Only											
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 #											
<b>Has your mobile unit been previously licensed?</b>											
If YES, provide the following information:											
<ul style="list-style-type: none"> <li>● Year Licensed: _____</li> <li>● State &amp; County where licensed: _____</li> </ul>											
If NO, is the construction of the mobile unit complete? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Days and hours of operation											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours	____ 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 be used in your facility 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 sterno 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: \_\_\_\_\_

**Where will you wash your dishes?** (Note that washing dishes in a private residence is illegal)

Mobile unit  Commissary

**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.

## 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	Mobile Unit
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 catering be conducted?	<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 the mobile unit 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.

#### VENTILATION (fill out if kitchen is completely enclosed)

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 contact your local fire department.

For more information on fire safety in mobile units please visit this link:

<https://www.nfpa.org/-/media/Files/Public-Education/By-topic/Food-trucks/FoodTruckFactSheet.pdf>

## Physical Facilities

Please attach a drawing/sketch of the desired layout of your facility. 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, if applicable:** 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:** 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:** Show locations and specifications of lights.
- Plumbing Plan:** 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.

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:

- Materials used in the construction of a mobile water tank and accessories shall be safe, durable, corrosion resistant, and finished to have a smooth easily cleanable surface. A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after construction, repair, modification, and periods of non-use. 5-304.11
- 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.

## External Service Plans

### Water Supply Information

Provide the location where water will be obtained below.

Business Name	Street Address	City	State/Zip
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### Hot Water

How will hot water be provided to plumbing fixtures on the unit? Check all that apply.

Water Heater  Instantaneous water heater  Other: \_\_\_\_\_

### Prevention of Cross-Contamination to Water Supply

How will you ensure there is no cross-contamination between the drinking water and waste water tanks & hoses? Check all that apply.

Drinking water inlet above wastewater outlet  Different colored or sized hoses  Different colored or sized removable tanks  Different threads on inlet and outlet  Other: \_\_\_\_\_

### Graywater Tank/Disposal Information

Provide the location where graywater will be disposed of below.

**Attach the grease/solids interceptor plans for the business that is allowing you to dispose of your graywater to this page**

Business Name	Street Address	City	State/Zip
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### Blackwater Tank/Disposal Information (If applicable)

Provide the location where blackwater will be disposed of below.

Business Name	Street Address	City	State/Zip
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### Laundry Service Information

Provide the location where you plan to wash laundry for the facility below.

Business Name	Street Address	City	State/Zip
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## Commissary Agreement

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/Vendor)

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:

Mobile Unit Owner Signature:

Date:

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	1/1/2026 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:

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**