

## Temporary/Special Event Food Vendor Survey

**Name of Event:**

### Vendor/Business Information

Name of Business:

Business Owner (LLC, Individual, etc.):

**Business Address:**

City:

State:

Zip Code:

**Mailing Address:**

City:

State:

Zip Code:

Contact Name:

Phone Number:

Email:

Please note that a \$50 fee is required for **each** vendor at **each** temporary/special event unless you have a retail food license; are selling whole foods; are a Cottage Foods vendor; or are a nonprofit. Please contact us if you meet the criteria for a "no-fee" license. You must provide evidence of your vendor status with this application.

**In order to pay the fee, please call the Delta County Health Department at (970) 874-2166.**

**If you do not pay the fee, you will not be permitted to sell food at the event.**

**Please indicate which type of food vendor you are:**

- Temporary/Special event food vendor (**\$50 fee per vendor, per event**)
- Cottage Foods vendor or raw, unprocessed fruits and vegetables vendor (NO FEE)
- Whole, in-the-shell raw egg or raw meat vendor (NO FEE)
- Registered non-profit temporary/special event food vendor (NO FEE)
- Licensed retail food establishment: mobile unit, restaurant, etc. (NO ADDITIONAL FEE)  
This category does not apply to temporary event vendor licenses from other counties

RFE License No. \_\_\_\_\_

Issuing Agency: \_\_\_\_\_

I HEREBY AGREE TO COMPLY WITH THE RULES AND REGULATIONS GOVERNING THE SANITATION OF FOOD ESTABLISHMENTS IN THE STATE OF COLORADO. IF MY FOOD SERVICE FACILITY IS INSPECTED BY THE HEALTH DEPARTMENT AND FOUND TO BE IN VIOLATION OF ANY FOOD SERVICE RULES OR REGULATIONS, I WILL IMMEDIATELY CEASE FOOD SERVICE OPERATIONS UNTIL AUTHORIZED TO RESUME BY THE HEALTH DEPARTMENT.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Event-Specific Menu Description

### Menu Items List:

### Ingredients:

### Source of Ingredients:

## Hot and Cold Holding Equipment (if applicable)

What equipment will you use to maintain and control cold holding temperatures (41°F or below) during transportation and/or at the event(s)?

- Cooler or ice chest (must be drainable and foods must be in sealed containers)
- Refrigeration
- Ice bath
- N/A
- Other (specify): \_\_\_\_\_

What equipment will you use to maintain and control hot holding temperatures (135°F or above) during transportation and/or at the event(s)?

- Food warmer (holding cabinets, hot boxes, slow cookers, steam table, etc.)
- Chafing pans and burner
- Stovetop
- Insulated bags
- N/A
- Other (specify): \_\_\_\_\_

*NOTE: A food thermometer must be on-site and used during the event to make sure foods are at the correct temperatures.*

## Bare Hand Contact (if applicable)

How will you prevent bare hand contact with ready to eat foods?

- Food grade disposable gloves
- Utensils (tongs, scoops, etc.)
- Deli Tissue
- Other (specify): \_\_\_\_\_

## Water Source and Disposal (if applicable)

Where will you be obtaining your potable (clean) water?

- Commissary
- At the event
- Other (specify): \_\_\_\_\_

*Note: Hoses must be food grade and not used for other purposes.*

Where will you be disposing your waste water?

- Commissary
- At the event
- Other (specify): \_\_\_\_\_

*Note: Wastewater cannot be dumped onto the ground, street or in storm drains.*

## Handwashing (if applicable)

**A handwashing station located within each vending booth 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 a hand washing sink with hot and cold water under pressure (with soap and paper towels as required).
- 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

*NOTE: Hand sanitizer is not an acceptable substitute for handwashing.*



## Example Commissary Agreement

Please attach a copy of your commissary agreement to this application

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:

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**Commissary Water Supply:**

Public  Private  Public Water System ID Number (PWSID#): \_\_\_\_\_

**Commissary Sanitary Sewer Services:**

Public  Private

Commissary Owner Signature:

Date:

Mobile Unit Owner Signature:

Date: