

Temporary/Special Food Event Coordinator Application

1. This packet and supplemental information must be submitted **at least** 14 days prior to the event.
2. It is the responsibility of the event coordinator to collect a Temporary Vendor Survey from each food vendor. The fee and applications for each vendor must be sent to Delta County Public Health along with this completed packet.
Any food vendor that has not completed the Temporary Vendor Survey and paid any applicable \$50 fee to the Delta County Public Health Department is not permitted to serve food at the event.
3. All applications submitted without the following information are considered incomplete and will not be reviewed until all information is received:
 - ☐ Event Information (page 2)
 - ☐ Coordinator Information (page 2)
 - ☐ Map of Event Grounds (page 2)
 - ☐ Provided Services (page 3)
 - ☐ **Temporary Vendor Survey for each vendor selling food– including raw fruits and vegetables**

Please ensure that all vendors are practicing the following food safety procedures on the day of your event:

- Cold foods must be maintained below 41° F and hot foods above 135° F during transportation to the event and at the event (thermometers required for vendors).
- A handwashing station located within each vending booth is required unless only prepackaged food requiring no assembly or cooking will be served. Temporary handwashing must be supplied by either the vendor OR the event coordinator. Hand Sanitizers are not an acceptable substitute for a hand wash station.
- No bare hand contact with ready-to-eat foods (gloves, utensils, etc.).
- Hoses used to obtain potable water must be food grade and not used for other purposes.
- Wastewater cannot be dumped onto the ground or in storm drains. All waste must be disposed of in event trash bins or back at your restaurant/commissary. Do not dump any waste (solids and liquids) in the street or on the event grounds.

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 EVENT IS INSPECTED BY THE HEALTH DEPARTMENT AND FOUND TO BE IN VIOLATION OF ANY FOOD SERVICE RULES OR REGULATIONS I MAY BE SUBJECTED TO CEASE FOOD SERVICE OPERATIONS UNTIL AUTHORIZED TO RESUME BY THE HEALTH DEPARTMENT.

Coordinator Signature: _____

Date: _____

Event Information

Name of the Event: _____

Date(s) of the Event: _____

Recurring Event? ☐ Weekly ☐ Monthly ☐ Yearly ☐ N/A

Location of the Event: _____

Hours of the Event (days and times): _____

Anticipated Number of Food Booths: _____ Expected attendance this year: _____

Coordinator Information

Event Coordinator (Individual, LLC, Non-profit, etc.): _____

Contact Person's Name: _____

Phone Number: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Map of Event Grounds

Please submit a map or layout of the event grounds indicating the following:

- ☐ Event perimeter (including all roadways, walkways, and entrances/exits)
- ☐ Location of all vendor booths (food, retail, etc.)
- ☐ Location of additional services (petting zoo, dj booth, dance floor, etc.)
- ☐ Location of trash receptacles/dumpsters
- ☐ Location of potable water taps
- ☐ Location of toilet facilities (portable and fixed)
- ☐ Location of hand washing facilities (portable and fixed)
- ☐ Location of on-site commissary/commercial kitchen (if applicable)

Provided Services (check all that apply)

Water Supply:

- ☐ There is access to a potable water tap(s) on site
- ☐ Vendors must bring their own water supplies

Wastewater:

- ☐ Liquid waste collection tanks/receptacles will be provided on site
- ☐ Vendors must arrange for their own wastewater and/or grease disposal

Electricity:

- ☐ There is access to electricity on site
- ☐ Generators will be provided for vendor use
- ☐ There will be no electricity supplied on site and vendors are responsible for providing their own power/electricity

Trash / Refuse:

- ☐ Trash receptacles are provided on-site for each vendor at their booth/space
- ☐ Vendors must bring their own trash can or receptacle for their booth/space
- ☐ There will be trash receptacles located throughout the event for the public
- ☐ There will be dumpsters on site for vendors and public trash removal
- ☐ Vendors are responsible for the proper disposal of any trash (trash receptacles, dumpsters, etc. not provided)
- ☐ How often will dumpsters or trash receptacles be serviced? _____

Toilet Facilities:

- ☐ Public restrooms (permanent fixtures with plumbing)
- ☐ Temporary or portable toilets

Hand Washing Facilities:

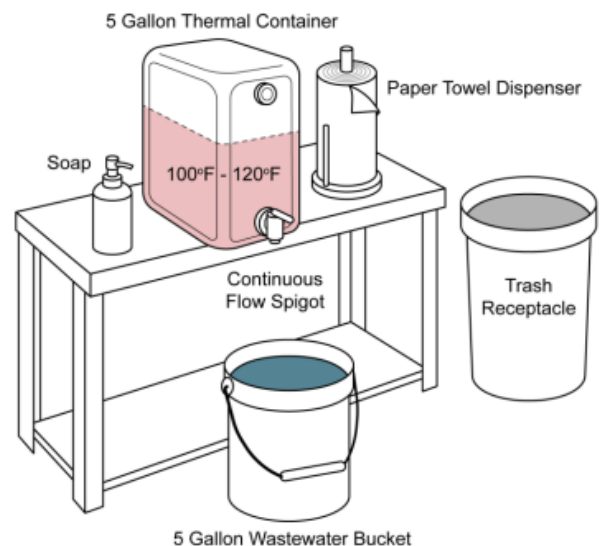
- ☐ Temporary hand wash stations are provided for each vendor at their booth/space
- ☐ Vendors are required to set up their own hand wash station at their booth/space
- ☐ Public restrooms equipped with handwashing sinks
- ☐ Temporary hand wash stations provided for the public

Commissary / Commercial Kitchen:

- ☐ On-site commercial kitchen and/or commissary provided for food vendors
- ☐ No commercial kitchen and/or commissary provided for food vendors

Please Note: Food vendors are responsible for obtaining a commissary agreement unless otherwise approved by the health department.

Figure 1: Example of a Hand Washing Station



Please have all food vendors fill out the following pages. You may make as many copies as you need.

It is your responsibility as the event coordinator to collect this survey and send them to the Delta County Public Health Department along with your completed coordinator application.

Any food vendor that does not have this survey submitted is not permitted to serve any food at your event.

Unless they are exempt, all vendors must also pay the \$50 event fee to the Delta County Public Health Department prior to application approval. Delta County Public Health will contact them directly to collect this fee after receiving the survey from the coordinator. Please inform vendors of this requirement. If a vendor does not pay in time, the department of health will notify you that their application has been rejected and they are not permitted to serve food at your event until payment is received.



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: _____

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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.



DELTA COUNTY PUBLIC HEALTH

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:

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: