LARIMER COUNTY
HEALTH & ENVIRONMENT
Public Health

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Mobile Food Establishment Plan Review

CHECKLIST

The following are REQUIRED to complete your review:

- [ ] A. $155 application fee
- [ ] B. A brief written description of the scope of work. Describe your mobile operation.
- [ ] C. Provide proposed menu.
- [ ] D. Provide drawings and/or photos of the mobile unit. If photos are provided, ensure that photos are taken inside and outside the mobile unit including pictures of water tanks, water inlets/outlets, water heaters, hand sinks, refrigerators, and any equipment used to prepare food.
- [ ] E. Provide equipment specification sheets. These must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- [ ] F. Provide completed Plan Review Packet (attached).

Note: Additional Fees – Plan review fees, separate from the application fee, will be due at the time of the licensing. Fees charged will not exceed $900.00 and are set at an hourly rate. Review of the plans include consultations in the office or by phone and any preoperational inspections necessary to open the mobile unit.

Application Date: _____

MOBILE UNIT PLAN REVIEW FORM

ESTABLISHMENT INFORMATION		
Name of Mobile Unit:		Phone:
Type of Unit: □ Mobile (Trailer/Food Catering Truck) □ Push Cart □ Self-Contained Unit[1] □ Prepackaged Only[2]		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website:		

OWNERSHIP INFORMATION (proprietary rights per C.R.S. 25-1605)		
Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

CONTACT INFORMATION (▫ *check if same as above*)		
Name of Primary Contact:		Phone:
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	

LICENSING INFORMATION		
Has your mobile unit been previously licensed? Select		Sales Tax #
If YES, provide the following information	Year:	State & County where licensed:
If NO, is the construction of the mobile unit complete?		

DAYS AND HOURS OF OPERATION Insert hours in the following format: 8am to 8pm
Days:
Hours:
Seasonal: Yes ☐ No ☐ List months of operations:

Projected maximum number of meals to be served.
Number of meals per week:

[1]**Self-Contained Mobile Unit:** See definition and additional requirements. Annex Page 10.

[2]**Prepackaged Only:** For operations that offer prepackaged foods only, please complete page 1, provide a menu, and contact your Local Public Health Agency.

Provide information on how people can find your mobile unit.		
Facebook:	Twitter:	Mobile App:
Food Truck Row Location:		
Location used most frequently:		

MENU AND FOOD HANDLING PROCEDURES

A. Submit a complete menu.

B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

FOOD HANDLING PROCEDURES				
Procedure	**Y**	**N**	***If yes, indicate where procedure will take place***	
			Commissary	**Mobile**
Will food be held cold?				
Will food be held hot?				
Will produce need to be washed?				
Will food be cooled after cooking?				
Will food be reheated after cooling?				
Will food that is frozen need to be thawed?				
Will food be cooked? (example: raw meat)				
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?				
Will foods be prepared that will be sold to other establishments?				
Will catering be conducted?				

Food shall be obtained from approved sources that comply with the applicable laws relating to food and food labeling*
****Preparation of food or storage of any items related to the operation is prohibited in a personal home.****

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

_____
_____
_____
_____
_____

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient
☐ Rapid Cooling equipment ☐ Shallow Pans ☐ Separating food into smaller portions
☐ Other:

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

_____
_____
_____

List the equipment that will be used for reheating:

☐ Stove ☐ Microwave ☐ Other: _____

C. Describe how frozen foods will be thawed.

☐ Under refrigeration ☐ Under running water ☐ In a microwave
☐ As part of cooking process ☐ Other: _____

D. Describe where personal items will be stored.

_____
_____
_____

E. Describe where chemicals used for operation will be stored.

_____
_____
_____

F. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.

☐ Gloves ☐ Utensils ☐ Deli Tissue ☐ Other:_____

G. Are there any refrigeration units that will only be used to cold-hold individual servings of pre-packaged foods for immediate customer service?

PHYSICAL FACILITIES

FINISH SCHEDULE						
INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.						
Floors			**Walls**		**Ceiling**	
Material	**Finish**	**Type of Base**	**Material**	**Finish**	**Material**	**Finish**
Example *Stainless*	*Smooth*	*Rubber Cove*	*Example* *FRP*	*Smooth*	*Example* *Stainless*	*Smooth*

Windows and Doors: To prevent the entry of pests, outer openings must be protected. Are windows and doors screened? N/A Is the unit a push cart? No

If no, please describe how the unit will be protected from pest entry:

_____

Are service windows self-closing? N/A Is the unit a push cart? No

If no, please describe how the unit will be protected from pest entry:

_____

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.

If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer's recommended exhaust listings in cubic feet per minute (CFM)s.

VENTILATION		
Hood Type (Type 1 or Type 2)	**Dimensions (feet) of Hood (length x width)**	**Exhaust Flow (CFM)**

**Please 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

REFRIGERATION / FREEZER CAPACITY		
Type of Unit	**Number of Units Provided**	**Make & Model Number**
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

HOT HOLDING UNITS		
Type of Unit	**Number of Units Provided**	**Make & Model Number**
Steam Tables		
Hot Box		
Cook & Hold Units		
Other hot holding storage:		

UTENSILS AND WAREWASHING

Where will utensil washing take place? (Check all that apply)

☐ Commissary

☐ Mobile Unit

If utensil/equipment washing will take place on the mobile unit, provide specifications for the compartment sink in Table below.

MANUAL WAREWASHING				
Length of Soiled Drain Board (inches)	**Dimensions of Sink Compartments (inches)**			**Length of Clean Drainboard (inches)**
	LENGTH	WIDTH	DEPTH	

*****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.*****

WATER SYSTEMS:

A. 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. 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

B. **Hot Water**

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

☐ Water Heater

☐ Instantaneous water heater

☐ Other (specify):_____

2. If a water heater is installed, complete the table below:

WATER HEATER			
Make	**Model #**	**KW/BTU Rating**	**Tank Capacity**

C. **Water Supply Information**

1. Provide location where water will be obtained below.

_____	_____	_____	_____
Business Name	Street Address	City	State/Zip

2. Provide total capacity of all potable water supply tanks (in gallons) below.

_____

3. Provide the maximum number of hours operating between filling water supply tank(s).

_____

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

☐ 3-compartment sink

☐ Hand sink (Indicate number of sinks):_____

☐ Food preparation sink

☐ Pre-rinse sprayer

☐ Utensil soak sink

☐ Mop sink

☐ Dish Machine

☐ Toilet

☐ Other (specify): _____

[illegible]

[illegible]

________________________ ____________________________ __________________ ______________

Business Name | Street Address | City | State/Zip

[illegible]

____

[illegible]

[illegible]

- ☐ [illegible]
- ☐ [illegible]
- ☐ [illegible]
- ☐ [illegible]
- ☐ [illegible] ____

Be Advised: Take necessary steps to winterize the mobile unit by insulating pipes (chemical additives are not allowed). Temperatures in Colorado frequently drop below 32°F and may cause water tanks and hoses to freeze resulting in damage to the system. Ensure pipes, water heater, and storage tanks in your unit are completely drained during cold weather months. Without water you cannot operate your mobile unit.

6-402.11 Toilet rooms shall be conveniently located and accessible to employees during all hours of operation.

Larimer County Department
of Health and Environment

Retail Food Affidavit of Commissary Kitchen

Completed by Retail Food Operator

Business Name:_____ Business LLC/CORP:_____

Owner/Operator's Name: _____

Operator's Mailing Address:_____ City:_____ State:_____ Zip Code: _____

Operator's Email:_____ License Plate of Mobile Unit:_____

Operator's Telephone Number:_____

Intended Weekly Commissary Usage Schedule (Check the days you plan to use the commissary and put N/A on days you don't plan to use the commissary):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

How do you record your time at the commissary? ☐ Sign-in sheet ☐ Electronic Punch ☐ Other: _____

As owner/representative of the above-named business, I offer this affidavit as proof that my food will be prepared in a licensed facility in accordance withthe laws governing the designated business type in Larimer County. Please initial below:

_____ I will submit a new affidavit for approval ***before*** I resume selling food if I cease to use the facility listed below as my commissary.
_____ I understand that all food must be stored and prepared at the commissary below; ***no*** food may be stored or prepared in a home.
_____ I understand that failing to utilize my commissary as required may result in enforcement action.

Note: If you are operating multiple stands/booths/mobiles, such as Mary's Lemonade #1 and Mary's Lemonade #2, you will need to obtain separate licenses for each and submit separate affidavits to the department for approval.

I affirm that the above information is correct and true by signing below.

_____
Signature of Business Operator & Date

Completed by Commissary Operator

Commissary Name:_____ Operator's Name: _____

Commissary Address:_____ Telephone Number:_____

Commissary is regulated by: ☐ Larimer ☐ Other _____

Commissary Email Address: _____

Commissary Agreement: *Start Date*: _ _ *End Date*: _____

Commissary is providing the following items for the above noted operator/business. **Only select what applies:**

☐ Cold storage	☐ Grease Disposal	☐ Drinking/potable water hose	☐ Dish washing
☐ Dry storage	☐ Food preparation tables	☐ Mobile unit storage	☐ Cooking equipment
☐ Clean water/ water disposal	☐ Ice machine	☐ Food preparation sink	☐ Cooling equipment

As owner/representative of this facility, I confirm that the operator above has permission to utilize my facility as a commissary for their designated business. I read, understand, and affirm my responsibilities as a commissary operator in accordance with the laws governing commissaries in Larimer County.

Please initial the lines below:

_____I will notify Larimer County Health Department if the vendor ceases to use this facility as required.
_____I will maintain logs/records indicating both the intended schedule as well as the actual schedule in which the above operator uses my facility.
_____I understand that failing to adhere to the rules and regulations that govern commissaries may result in enforcement action.

I affirm that the above information is correct and true by signing below.

_____
Signature of Commissary Operator *Date*

SAVE AS PRINT

Declaración jurada de operador de alimentos por menor para una cocina del comisariato

Larimer County Department of Health and Environment

LARIMER COUNTY HEALTH & ENVIRONMENT | Public Health

Se completa por el operador de alimentos por menor

Nombre de la empresa:_____ Empresa LLC/CORP:_____

Nombre del propietario / operador: _____

Dirección postal del operador:_____ Ciudad:_____ Estado:_____ Código postal: _____

Correo electrónico del operador:_____ Placa de la unidad móvil:_____

Número de teléfono del operador:_____

Horario de uso semanal previsto del comisariato (marque los días en los cuales planea usar el comisariato y ponga N/A en los días que no planea usar el comisariato):

	Lunes	Martes	Miércoles	Jueves	Viernes	Sábado	Domingo
Hora de inicio							
Hora de finalización							

¿Cómo registra usted su tiempo en el comisariato? ☐ Hoja de registro ☐ Perforador electrónico ☐ Otro: _____

Como propietario o representante de la empresa mencionada anteriormente, presento esta declaración jurada como prueba de que mi comida se preparará en una instalación autorizada de acuerdo con las leyes que rigen el tipo de empresa designada en el condado de Larimer. Por favor, ponga sus iniciales a continuación:

_____ Presentaré una nueva declaración jurada para su aprobación ***antes*** de reanudar la venta de alimentos si dejo de utilizar la instalación que se enumera a continuación como mi comisariato.
_____ Entiendo que toda la comida debe almacenarse y prepararse en el comisariato de abajo; ***ningún*** alimento se puede almacenar ni preparar en un hogar.
_____ Entiendo que no utilizar mi comisariato como se requiere, puede resultar en una acción coercitiva.

Nota: Si está operando varios puestos, casetas o móviles, como La Limonada de María #1 y La Limonada de María #2, usted deberá obtener licencias separadas para cada uno, y presentar declaraciones juradas separadas al departamento para su aprobación.

Afirmo que la información anterior es correcta y verdadera firmando a continuación.

_____

Firma del operador de la empresa y fecha

Se completa por el director del comisariato

Nombre del comisariato:_____ Nombre del director: _____

Dirección del comisariato:_____ Número de teléfono:_____

El comisariato está regulado por: ☐ Larimer ☐ Otro _____

Dirección de correo electrónico del comisariato:_____

Acuerdo de comisariato: Fecha de inicio: _____ *Fecha de finalización*: _____

El comisariato proporciona los siguientes artículos para el director y la empresa mencionados anteriormente. **Solo seleccione lo que corresponda:**

- ☐ Almacenamiento en frío
- ☐ Almacenamiento en seco
- ☐ Agua limpia y eliminación de agua
- ☐ Eliminación de grasa
- ☐ Mesas [illegible] preparación
- ☐ Maquina de hielo
- ☐ Manguera de beber o de agua potable
- ☐ Almacenamiento de unidades móviles
- ☐ Fregadero para la preparación de alimentos
- ☐ Lavado de vajilla
- ☐ Equipos de cocina
- ☐ Equipos de refrigeración

Como propietario o representante de esta instalación, confirmo que el director mencionado anteriormente tiene permiso para utilizar mi instalación como comisariato para su empresa designada. Leo, entiendo y afirmo mis responsabilidades como director de comisariato de acuerdo con las leyes que rigen los comisariatos en el condado de Larimer.

Por favor, ponga sus iniciales en las siguientes líneas:

_____Le notificaré a la Salud Pública del Condado de Larimer si el proveedor deja de utilizar esta instalación según sea necesario.
_____Mantendré diarios y registros que indiquen tanto el horario previsto, como el horario real, en el que el director anterior utiliza mis instalaciones.
_____Entiendo que el incumplimiento de las normas y reglamentos que rigen los comisariatos puede dar lugar a una acción para exigir el cumplimiento.

Afirmo que la información anterior es correcta y verdadera firmando a continuación.

_____ _____

Firma del director del comisariato *Fecha*