1525 Blue Spruce Drive Fort Collins, Colorado 80524-2004
Public Health (970) 498-6700
Environmental Health (970) 498-6775
Fax (970) 498-6772

Vendor Application for Temporary Food Events

Food vendors interested in operating at temporary special events in Larimer County must obtain approval and licensure from Larimer County Department of Health and Environment (LCDHE) prior to operating. Vendors must complete an application form for each point of sale or food booth operated at an event and submit applications to LCDHE with the required license fee(s) fourteen (14) days prior to the event. Late submittal may result in not being allowed to operate. Vendors operating without LCDHE approval and licensure are subject to legal regulatory action including fees and civil penalties of up to $1000.

Operating Name/DBA	**Ownership Name:**
Event Name:	**Vendor Type: Please Circle one** **Mobile Establishment Or Temporary Event Booth**
Applicant Full Name:	**Address, City, State, and Zip Code:**
Email:	**Phone Number:**
Colorado Sales Tax Account Number:	**Event Date:**

Choose one licensing option: ***Note: Fee amount will DOUBLE if application is submitted within 48 hours of the event.**

- ☐ Operate for 1-3 consecutive days--$115 Specify days of operation: ___/ ___ through ___/ ___/ 20____
- ☐ Operate for 1-14 consecutive days--$292 Specify days of operation: ___/ ___through ___/ ___/ 20____
- ☐ Operate for a calendar year--$346
- ☐ Non-profit organization (provide documentation).
- ☐ Licensed mobile food trucks/trailers or carts (attach copy of current retail food license).

Send completed application and licensing fee to: Larimer County Department of Health and Environment

1525 Blue Spruce Dr.
Fort Collins, CO 80524
(970) 498-6776

or

1601 Brodie Avenue
Estes Park, CO 80517
(970) 577-2050

I have read the Temporary Events Guidelines for Food Vendors (https://www.larimer.gov/health/environmental-health/food-safety-program#acc3 and understand that failing to follow the guidelines may result in closure of my operation at the event or other enforcement actions.

Name: _____ Date: _____

MENU

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.). Be sure to include items such as toppings and condiments. Please attach additional sheets as necessary.

Food and Drink Items	Location where obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

FOOD PREPARATION and FOOD HANDLING

Preparation at Approved Facility or Commissary Before Event
Check which preparation procedure each menu item requires.

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

What is the name and location of your commissary? (Complete Commissary Agreement found at https://www.larimer.gov/sites/default/files/2025-commissary-agreement.pdf **and attach it to your application)**

Name: _____ Address: _____ City: _____

Commissary contact: _____ Phone: _____

Cooling: Will food be cooked and then cooled at the commissary? YES / NO

If YES, how will foods be rapidly cooled to 41°F or below? (mark all that apply)

- ☐ Shallow uncovered pans (less than 3") in refrigerator or cooler
- ☐ Using an ice-bath to cool the food product
- ☐ Ice paddle or wand
- ☐ Other (specify) _____

Reheating: Will cooked or ready to eat foods be heated at the commissary for transport to the event? YES / NO

If YES, how will foods be reheated to at least 165°F prior to transporting them? (mark all that apply)

- ☐ Microwave ☐ Grill ☐ Oven ☐ Hot plate
- ☐ Other (specify) _____

TRANSPORT

What equipment will you use to transport your food to the event and maintain the food below 41°F or above 135°F?

- ☐ Coolers with Ice Cambros for cold foods Cambros for hot foods Distance(event less than 15 minutes away)
- ☐ Other (specify) _____
- ☐ _____
- ☐ _____
- ☐ _____

FOOD HANDLING AT BOOTH

List all menu items, including beverages, to be served from the temporary food booth. Check which food handling procedure each menu item requires at the booth. Please attach additional sheets as necessary.

Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble	Other
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Hot Food Items

1. How will these foods be cooked at the site? (mark all that apply)

☐ Grill Deep fat ☐ Hot plate ☐ Microwave Other (specify)
☐ fryer ☐ Oven ☐ _____

2. How will hot foods be held at greater than 135°F at the event? (mark all that apply)
(Sterno burners are prohibited)

☐ Hot holding cabinet ☐ Steam table
☐ Served immediately after cooking ☐ Held on grill in double boiler until served
☐ Other (specify) _____

3. What utensils will you use to dispense or serve the hot items?_____

Cold Food Items

1. How will cold foods be held at 41°F or below at the event? (mark all that apply)

- ☐ Refrigerator/freezer
- ☐ Ice chest - must be drainable and foods may not be kept in contact with the ice unless they are packaged and sealed.
- ☐ Other (specify) _____

2. What utensils will you use to dispense or serve the cold items?_____

What kind of food thermometers (0-220°F) do you have?

☐ Metal stem probe ☐ Thermocouple ☐ Digital

HANDWASHING and WORKER HYGIENE

A handwashing station located WITHIN each vending booth is required unless only prepackaged foods requiring no assembly, preparation, or cooking are to be served. Please check the space below that applies to your booth.

☐ I will be serving only prepackaged foods that require no assembly, preparation, or cooking. I will be
☐ serving foods that require assembly, preparation, or cooking and will provide the following for hand-washing:

1) a minimum of 5 gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot
2) soap
3) paper towels properly disposed
4) 5 gallon bucket (minimum) with cover to catch and contain hand washing wastewater until it is

NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.

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

☐ Tongs
☐ Food-grade disposable gloves
☐ Deli tissues
☐ Service of prepackaged items only
☐ Other (list) _____

GENERAL SANITATION

Where will utensil washing take place?

☐ Commissary ☐ Commercial 3-compartment sink

Where will potable water be obtained?

☐ Commissary ☐ On-site (check with coordinator) ☐ Other _____

NOTE: Any hoses used to provide potable water must be food-grade.

Where will wastewater be disposed?

☐ Commissary ☐ Approved on-site receptacle at event ☐ Other _____

NOTE: Waste water CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from event coordinator where this is located for each event.

What is your plan for flying insects and dust control, if applicable?

_____

BOOTH LAYOUT AND MAP

Provide a drawing of your vending booth. Identify and describe all equipment and include the following:

☐ Cooking equipment
☐ Hot and cold food holding equipment
☐ Hand-washing station
☐ Work tables, cutting boards and preparation surfaces
☐ Food and single service item storage
☐ Trash containers
☐ Customer service area

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*