



**PUEBLO CITY-COUNTY HEALTH DEPARTMENT**

101 W 9<sup>th</sup> St. Pueblo CO 81003  
(719) 583-4307

**MOBILE UNITS AND PUSH CARTS PLAN REVIEW APPLICATION**

<b>Mobile Unit Information</b>											
Name of Mobile Unit Establishment:											
Name license is to be issued under:											
Colorado Sales Tax Account Number:											
Owner Name:								Phone:			
Address:								Cell:			
City:								Fax:			
State:				ZIP:				Email:			
Other Contact Person:								Phone:			
Address:								Phone:			
City:								Cell:			
State:				ZIP:				Fax:			
County:						Email:					
<b>Type of Mobile Unit</b> <i>(Provide specification sheets and unit layout)</i>											
<input type="checkbox"/> Push cart						<input type="checkbox"/> Chile roaster					
<input type="checkbox"/> Mobile Unit or push cart serving only pre-packaged food from approved sources											
<input type="checkbox"/> Mobile Unit equipped with plumbing and cooking facilities											
<input type="checkbox"/> Other (specify):											
Driver's License or Picture ID#:						License Plate Number:					
Vehicle Make:						Model:					
Year:						Color:					
<b>Days and Hours of Operation of the Mobile Unit</b>											
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
<b>Location</b>											
<b>Days</b>											
<b>Hours</b>											
<b>When will your mobile unit operate?</b> <input type="checkbox"/> Year round or <input type="checkbox"/> Seasonally <i>(Please check all months that apply)</i>											
<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"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
<b>Where do you plan on operating?</b>			City Limits:			County:			Other:		
<b>Licensing Information</b> <i>(Please check all that apply)</i>											
<input type="checkbox"/> Unlicensed <i>(Contact Health Department)</i>						<input type="checkbox"/> Unlicensed newly constructed <i>(Contact Health Department)</i>					
<input type="checkbox"/> Licensed Mobile Unit <i>(Provide Copy)</i>						<input type="checkbox"/> Non-profit <i>(Provide Documentation)</i>					
<b>When and where was your mobile unit previously licensed?</b>											
County:				State:				Year:			
<b>**Health Department Use Only**</b>											
Date Received:						Fee: \$			Date Paid:		



**A. Cooked Food Items On-site**

1. How will foods be cooked at the event?

- Grill                                       Stove/Oven                                       Not Applicable (*specify*): \_\_\_\_\_  
 Deep fat fryer                                       Microwave                                       Other (*specify*): \_\_\_\_\_

**B. Hot Food Items On-site**

1. How will hot foods be held at 135°F or above at the event? (*Check all that apply*)

- Hot holding unit                                       Steam table                                       Held under heat lamps  
 Crock-pot                                       Held on grill until served                                       Served immediately after cooking  
 Other (*specify*): \_\_\_\_\_

**\*\*Sterno burners are prohibited.\*\***

2. What utensils will be used to dispense or serve the hot items? \_\_\_\_\_

**C. Cold Food Items On-site**

1. How will cold foods be held at 41°F or below at the event?

- Refrigerator                                       freezer                                       Other (*specify*): \_\_\_\_\_

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

**D. Reheating Food Items On-site**

1. How will foods be re-heated to at least 165°F at the event? (*Check all that apply*)

- Microwave                                       Grill                                       Not Applicable (*specify*): \_\_\_\_\_  
 Hot Plate                                       Oven/Stove                                       Other (*specify*): \_\_\_\_\_

**E. Transport**

1. Please provide the distance between your mobile unit and the approved facility or commissary.

Distance: \_\_\_\_\_

2. What equipment will you use to control temperatures during transport?

- Refrigerator/freezer                                       Cambros for hot foods                                       Cambros for cold foods  
 Other (*specify*): \_\_\_\_\_

**III. FOOD PREPARATION IN COMMISSARY** (Attach additional sheets as necessary)

Preparation at Approved Facility or Commissary							
**List menu items and check which preparation procedure each menu item requires**							
Food	Thawing	Cut/ Assemble	Cook/ Bake	Cooling	Reheating	Cold Holding	Hot Holding

**A. Cooked Food Items in the Commissary**

1. How will foods be cooked in the commissary?

- Grill
- Stove/Oven
- Not applicable (specify): \_\_\_\_\_
- Deep fat fryer
- Microwave
- Other (specify): \_\_\_\_\_

**B. Hot Food Items in the Commissary**

1. How will hot foods be held at 135°F or above in the commissary? (Check all that apply)

- Hot holding unit
- Steam table
- Held under heat lamps
- Oven/Stove
- Held on grill
- Not applicable (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**C. Cold Food Items in the Commissary**

1. How will cold foods be held at 41° F or below at the commissary?

- Reach-In Refrigerator
- Walk-In Cooler
- Not applicable (specify): \_\_\_\_\_
- Reach-In Freezer
- Walk-In Freezer
- Other (specify): \_\_\_\_\_

**D. Reheating in the Commissary**

1. How will foods be re-heated to at least 165 °F at the commissary?

- Microwave
- Oven/stove
- Not applicable (specify): \_\_\_\_\_
- Grill
- Other (specify): \_\_\_\_\_

**E. Rapidly Cooling in the Commissary**

1. How will foods be *rapidly cooled* to 41°F or below at the commissary?

- Shallow pans (less than 4”) in refrigerator or cooler
- Ice-bath to cool the food product
- Ice paddle or wand
- Not applicable (*specify*): \_\_\_\_\_
- Other (*specify*): \_\_\_\_\_

**What kind and how many food thermometers (0-220°F) do you have? (Check all that apply)**

- Metal stem probe \_\_\_\_\_
- Thermocouple \_\_\_\_\_
- Digital \_\_\_\_\_

**How often will you calibrate food temperatures?** \_\_\_\_\_

**How often will you use a thermometer to check food temperatures?** \_\_\_\_\_  
\_\_\_\_\_

**F. Produce**

1. How will produce be prepared prior to use? (*check all that apply*)

- Wash produce in the food preparation sink at commissary
- Purchase pre-washed produce
- Purchase pre-washed and pre-cut produce
- Not Applicable (*specify*): \_\_\_\_\_

**IV. HANDWASHING and HYGENIC PRACTICES**

**A. Handwashing**

1. What plumbing fixtures will be used to wash hands between tasks on the unit? (*please provide specification sheets*)

\_\_\_\_\_

*A hand sink must be a pressurized system with continuously flowing hot and cold water with soap, paper towels and a trash receptacle supplied.*

***\*\*Hand sanitizers are NOT an acceptable substitute for the required hand-washing set-up.\*\****

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

- Tongs/Spatula/Spoon
- Deli tissue
- Food-grade disposable gloves
- Other (*specify*): \_\_\_\_\_

3. Please attach copies of policies or describe procedures that will be used to prevent bare hand contact with ready to eat foods. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Sick Employees**

1. Please, attach copies of policies or describe procedures that will be used to exclude or restrict workers who are ill. Policies or procedures must describe when ill workers will be excluded or restricted due to illness or infection, outline when exclusions and restrictions are to be lifted and controls that will be implemented when workers return to work. *(Reference 2-201 through 2-204 Employee Health, Colorado Retail food Establishment Rules and Regulations)* \_\_\_\_\_

---



---



---



---

2. Please, attach copies of policies or describe procedures that will be used to address restrictions and management of workers that have cuts, burns or other open sores on their hands and arms. \_\_\_\_\_

---



---



---



---

**V. UTENSILS and WAREWASHING**

**A. Where will utensil washing take place?**

- Commissary 3-compartment sink       Commissary dishwasher
- 3-compartment sink on the unit *(please answer B of this section)*
- Not applicable *(specify):* \_\_\_\_\_

**B. Please submit the following warewashing information:**

1. **Manual** - Include the size for each basin (length × width × depth) of the 3-compartment dishwashing sink that will be *provided on the unit*. Also, indicate the length of the drainboards attached to the 3-compartment sink. Please, indicate if a pre-rinse spray hose will be installed at each sink.

Length of Left Drainboard	Dimensions of 3-compartment Sink (L×W×D)			Length of Right Drainboard	Pre-Rinse Sprayer (Yes/No)
	Left Basin	Center Basin	Right Basin		

**\*\*Dish washing equipment must be large enough to accommodate the largest piece of equipment or utensils used.\*\***

**C. Indicate what type of sanitizer will be used in:**

1. 3-compartment sink: \_\_\_\_\_
2. Wiping cloth bucket: \_\_\_\_\_

**\*\*Chemical test kits must be available for all sanitizers used and at all locations.\*\***

**VI. WATER SYSTEMS** (Reference 9-104 and 9-105, Water System and Wastewater Retention of the Colorado Retail Food Establishment Rules and Regulations)

Please provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, potable and waste water tanks, lines and inlets/outlets.

**A. Hot Water**

1. How will hot water be provided to plumbing fixtures on the unit? (please check what applies)

- Water Heater (please complete the table below)
- Passive system/heat exchanger (i.e. water is heated as it passes by a heating element)
- Other (specify): \_\_\_\_\_

Make	Model	Tank Size	Recovery Rate	BTU/KW Rating

**B. Potable Water**

1. What size is the tank? \_\_\_\_\_
2. Do you have a food grade hose? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where is it located? \_\_\_\_\_
3. Describe how and where potable water will be obtained. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. For minimum water usage calculation requirements, please refer to Guidelines for Calculating Total Water Usage Requirement in Retail Food Establishments.

**C. Waste Water**

1. What size is the tank? \_\_\_\_\_  
**\*\*Tank must be a minimum of 15% larger than potable water tank capacity.\*\***
2. Describe how and where waste water will be removed from unit and disposed of. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Prevention of Cross-Contamination Between Tanks**

1. How will you ensure there is no cross contamination between the tanks and hoses? (*check all that apply*)

- Potable water inlet IS above waste water outlet
- Different color or sized removable tanks
- Different color or sized hoses
- Different threads on inlet and outlet
- Other (*specify*): \_\_\_\_\_

**VII. PHYSICAL FACILITIES**

**A. Finishes**

1. What materials are used?

- a. Walls: \_\_\_\_\_
- b. Floors: \_\_\_\_\_
- c. Ceiling: \_\_\_\_\_
- d. Countertops: \_\_\_\_\_
- e. Cabinets/shelving: \_\_\_\_\_

**B. Pest Protection**

1. Enclosed mobile units equipped with plumbing and cooking facilities must have outer openings protected from insects and rodents. How will this be done? (*check all that apply*)

- Self closing windows/doors
- Air curtain
- Not applicable (*specify*): \_\_\_\_\_
- Screened windows/doors
- Other (*specify*): \_\_\_\_\_

**VIII. VENTILATION**

**A.** Please describe how smoke generated from stove top, grill, fryers, etc. will be exhausted from the unit.

---

---

---

---



**IX. STORAGE**

**A. Food storage** (Food/utensils/single-service articles)

Type	# of Units	Total Cubic Feet
Reach-in refrigeration (under the counter/coffin style)		
Reach-in refrigeration (stand up)		
Reach-in freezer (under the counter/coffin/chest style)		
Reach-in freezer (stand up)		
Dry storage		
Other storage		

**\*\*Provide additional utensils in case they become soiled from cross-contamination.\*\***

**X. EQUIPMENT** (Please complete the table below with equipment make and model numbers or attach specification sheets for each piece of equipment)

Equipment/Fixture	Make/Model Number
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**XI. BATHROOM FACILITIES**

A. At the location where you operate, are bathroom facilities available?  Yes  No

If yes, what facilities are you going to use? (provide restroom agreement) \_\_\_\_\_

At the location where you operate, are bathroom facilities available for patrons?  Yes  No

If yes, what facilities are will they be using? (provide restroom agreement) \_\_\_\_\_

## **XII. FLOOR PLAN**

- A. Provide a floor plan of the unit drawn to scale. Include clear identification of all equipment and fixtures shown on floor plan. Attach Photographs in addition to providing a floor plan.

**\*\*ALL EQUIPMENT RELATED TO THE OPERATION MUST BE OF AN APPROVED COMMERCIAL DESIGN.\*\***



### **PLEASE NOTE:**

**\*\*A mobile unit or push cart will not be allowed to operate under the following conditions:**

**Lack of refrigeration, lack of water, lack of electricity, inability to sanitize, lack of proper disposal of wastewater, inability to wash hands, lack of a current license, operating without approved commissary or any other situations that pose an imminent health hazard.\*\***



Prevent • Promote • Protect

101 W. 9<sup>TH</sup> STREET  
PUEBLO, COLORADO 81003-4103  
(719) 583-4300

**BOARD OF HEALTH**  
Eileen Dennis, RN, President  
Michael J. Nerenberg, MD, Vice President  
Ed Brown  
Terry A. Hart  
Donald Moore

**PUBLIC HEALTH DIRECTOR**  
Sylvia R. Proud, MS, IPMA-CP

### COMMISSARY AGREEMENT

Mobile Business/Trade Name \_\_\_\_\_

I, \_\_\_\_\_, as representative of the above named company offer this agreement as proof that my food operations are being conducted and/or prepared in a licensed facility that is currently under inspection by a health department (see below). This is in accordance with the laws governing mobile retail food establishments or pushcarts in the Colorado Retail Food Establishment Rules and Regulations (Section 9-107). I also acknowledge that if I cease to use this facility, a new agreement must be submitted for approval before I can resume selling my food product.

I, \_\_\_\_\_, as owner/representative  
**(Commissary Owner)**  
of this facility do hereby confirm that \_\_\_\_\_

**(Food Vendor)**

has permission to use this named facility as a commissary \_\_\_\_\_

**(Name of Commissary)**

this is located at \_\_\_\_\_

**(Address of Commissary)**

The phone number of the commissary is \_\_\_\_\_. This is a licensed

facility which is being inspected by: **The Pueblo City-County Health Department.**

I do hereby confirm that the above information is true by signing below on the appropriate line.

Commissary Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_

Proposed Mobile Food Vendor \_\_\_\_\_ Date: \_\_\_\_\_

**Check all that apply:**

- full use of kitchen
- limited food prep
- dumping waste water
- dishwashing
- storage
- other \_\_\_\_\_
- filling water tanks

**FOR HEALTH DEPARTMENT USE ONLY**

Inspector Name: \_\_\_\_\_  
Print Name

Inspector Name: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PUEBLO E&C COUNTY HEALTH DEPARTMENT**

101 W 9<sup>th</sup> St. Pueblo CO 81003  
(719) 583-4307

**Affidavit of Employee Rest Room Availability**

Business/Trade Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Colorado Sales Tax Account Number: \_\_\_\_\_

I (print name) \_\_\_\_\_ as a representative of the above  
**Last First MI**

named company offer this affidavit as proof that a rest room for my employees \_\_\_\_\_, and/or patrons \_\_\_\_\_, is conveniently located and accessible to my business. I also acknowledge that if I cease to use this address, a new rest room affidavit must be submitted for approval before I can resume selling my product.

Operator/Vendor: \_\_\_\_\_  
**Signature Date**

I (print name) \_\_\_\_\_ as owner/representative of this  
**Last First MI**

Business do hereby confirm that, (print name) \_\_\_\_\_ has permission  
**Last First MI**

to use the rest rooms of this business \_\_\_\_\_  
**Print Name of Business**

for all employees \_\_\_\_\_, and/or patrons \_\_\_\_\_, which is located at \_\_\_\_\_.  
**Address of Business**

The telephone number of this business is ( ) \_\_\_\_\_. Business hours of  
operation are \_\_\_\_\_ and \_\_\_\_\_. I do hereby confirm the above information is true by  
**Days Hours**

signing on the appropriate line below:

Business Owner/Representative: \_\_\_\_\_  
**Signature Date**

<b>FOR HEALTH DEPARTMENT USE ONLY</b>	
<b>Inspector Name:</b> _____	
<small>Print Name</small>	
<b>Inspector Name:</b> _____	_____
<small>Signature</small>	<small>Date</small>

## GUIDELINES FOR CALCULATING TOTAL WATER USAGE REQUIREMENTS IN RETAIL FOOD ESTABLISHMENTS

**Water usage in retail food establishments with seating** should be calculated using the *Guidelines on Individual Sewage Disposal Systems*, revised 1994. These guidelines include the following:

- Facilities serving 1-2 meals per day (that is, breakfast, lunch or dinner) should be calculated at 50 gallons/seat.
- Facilities serving 3 meals per day or open 24 hours require 75 gallons/seat.
- 25 gallons/seat are required for paper service for 1-2 meals per day (and up to 50 gallons/seat if 24-hour service).
- Add thirty gallons/seat to any of the above figures if the facility includes a bar.

**Water usage in retail food establishments without seating** requires calculation on a per fixture basis. This category includes mobile units and stationary facilities without permanent plumbing. The designation for each fixture is as follows:

- Warewashing sinks - volume of the sink (L x W x H X 3) x the number of fills per day, with at least one fill every four hours. Batch washing once a day would be permitted only if the facility has an adequate number of utensils, so that soiled utensils may be replaced with clean utensils at least every four hours.
- Toilets - For employee use only - 25 gallons per person per day.
- Public - 250 gallons per day per fixture
- Hand sink - 3 gallons per hour x the number of operating hours for 1-2 employees 5 gallons per hour x the number of operating hours for 3 or more employees
- Utility/mop sink - 7 gallons per day
- Prep sink - volume x number of times used per day for batch preparation
- Dish machine - per manufacturers' specifications
- In-line coffee/tea dispensers - 5 gallons per hour
- Espresso machines - 1.25 gallons per hour (10 gallons/8-hour day). Machines are rated from 1.2 to 18.75 gallons per hour.
- Ice machine - per manufacturers' specifications
- Pre-rinse sprayer - 32 gallons per hour
- Fountain machine - per manufacturers' specifications

Any fixture, which requires the continuous flow of water, should be prohibited from use in a facility without plumbed water. This includes dipper wells, filling faucets and water-cooled ice machines.

**\*\*If the facility has water tanks**, these tanks must be sized according to the above calculations or the facility must have a plan for refilling the water tanks at sufficient intervals. Additionally, a plan for disposal of wastewater must be in place.\*\*





County Use Only

# Retail Food Establishment License Application

## Calendar Year 2017

**Incomplete applications, or applications without payment (if required), will not processed.**

Ownership type:			
Full legal name of owner, corporation, or non-profit:			
Trade name (DBA):		Contact name (on site):	
Email:		CO Sales Tax Acct. No.:	
Physical address of business:		City:	State: Zip:
County where business is located:	Phone number:	Other contact number:	
Mailing address (if different from above):		City:	State: Zip:
Date you started the business:	Seasonal? Mark each month you 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"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC	
<p>In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given to me by authorized inspectors of the Colorado Department of Public Health &amp; Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.</p>			
Signature:		Title:	Date: Calendar Yr:

	License Type	Code	Fee
<input type="checkbox"/>	No fee license (K-12 schools, non-profits)	1000	\$0.00
<input type="checkbox"/>	Limited food service (convenience, other)	2000	\$235.00
<input type="checkbox"/>	Restaurant (0-100 seats)	3000	\$330.00
<input type="checkbox"/>	Restaurant (101-200 seats)	3100	\$370.00
<input type="checkbox"/>	Restaurant (> 200 seats)	3200	\$405.00
<input type="checkbox"/>	Grocery Store (1-15,000 sq. ft.)	4000	\$170.00
<input type="checkbox"/>	Grocery Store (> 15,000 sq. ft.)	4150	\$305.00
<input type="checkbox"/>	Grocery Store w/ deli (0-15,000 sq. ft.)	5000	\$325.00
<input type="checkbox"/>	Grocery Store w/ deli (> 15,000 sq. ft.)	5150	\$620.00
<input type="checkbox"/>	Mobile unit (prepackaged)	6200	\$235.00
<input type="checkbox"/>	Mobile unit (full food service)	6300	\$330.00
<input type="checkbox"/>	Oil & Gas Temporary	7000	\$740.00
<input type="checkbox"/>	Special Event	8000	Set locally
	<b>Total due:</b>		<b>\$</b>

**Make checks payable to PCCHD.**

**Mail payment and completed application to:**

EHEP  
 Pueblo City-County Health Department  
 101 W 9<sup>th</sup> Street  
 Pueblo, CO 81003

**Questions?**

Call: 719-583-4429

Email: paula.martinez@pueblocounty.us

Visit: www.pueblohealthdept.org