



195 W. 14<sup>th</sup> Street  
 Rifle, CO 81650  
 P 970.625.5200  
 F 970.625.4804

2014 Blake Avenue  
 Glenwood Springs, CO 81601  
 P 970.945.6614  
 F 970.947.0155

## Temporary Vendor Application

Please submit this application to Garfield County Public Health at least two weeks prior to your first event of the calendar year to obtain your annual Temporary/Special Event Retail Food Establishment license. All vendors will receive an approval letter to then submit to each event coordinator.

Please complete the following information:		
Retail Food Establishment Name		
Establishment Address (Street Address and P.O. Box)		
City	State	Zip Code
Contact Name	Contact #	
E-mail		
Legal Owner's Name and State Sales Tax #		

**All vendors must have their original Colorado Retail Food Establishment license on premise at all times!**

Please list all Garfield County events that you plan on attending:

Event name: \_\_\_\_\_ Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Event name: \_\_\_\_\_ Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Event name: \_\_\_\_\_ Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

### Commissary

All temporary and special event vendors are required to have a commissary within 30 minutes or 30 miles of the event where all food prep, including washing and cutting of produce, shall be done.

Name of Commissary: \_\_\_\_\_ Location: \_\_\_\_\_

**Please complete the Commissary Agreement on page 3**

If your operation does not require a commissary, please provide the reasoning below:

---

**Handwashing Station**

A handwashing station capable of providing a continuous flow of warm, running water is required within each booth or unit, unless only prepackaged foods are being sold. Please select one of the following:

- I will be serving only pre-packaged foods that don't require preparation or cooking
- I will have a handsink with hot and cold water under pressure supplied with soap and paper towels
- I am a tent & table vendor serving open food and/or drinks and will provide the following:

**Handwashing Set-Up**



1. A container with a hands-free spigot that is capable of holding a minimum of 5 gallons of water
2. 5 gallons of potable water (minimum) that will be replenished, as necessary
3. Soap
4. Paper towels
5. A container to catch the waste water until it can be disposed of properly
6. A trash can for disposing of paper towels

**Gloves and hand sanitizers DO NOT take the place of washing hands with soap and running water!**

**Water and Ice**

- Will you have ice for human consumption?  Yes  No
- If yes, where will ice be obtained?  Commissary  Event  Other: \_\_\_\_\_
- Where will you obtain potable water?  Commissary  Event  Other: \_\_\_\_\_
- Will you be using a hose to obtain water?  Yes  No
- If yes, is the hose food-grade quality? \_\_\_\_\_ Do you have a backflow preventer for the hose? \_\_\_\_\_
- Where will wastewater be disposed?  Commissary  Event  Other: \_\_\_\_\_

**Waste water cannot be dumped on the ground or into storm drains!**

**Food Handling and Temperature Control**

- How will bare hand contact with ready-to-eat foods be prevented?
- Tongs  Food-grade disposable gloves  Deli tissue  Other: \_\_\_\_\_
- Will foods be held cold?  Yes  No Will foods be held hot?  Yes  No

**Sanitizing**

- Where will utensil washing take place?  Commissary  3-compartment sink in unit/booth
- What sanitizer will be used?  Chlorine  Quaternary ammonia

**Please include with your application a drawing of the booth layout that includes all cooking and cold/hot holding equipment as well as a menu. Incomplete applications will delay the approval process.**

**Submit Application to:**

Garfield County Environmental Health  
 195 W. 14<sup>th</sup> Street Rifle, CO 81650  
[nmojarro@garfield-county.com](mailto:nmojarro@garfield-county.com)



## Commissary Agreement

Date \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Commissary owner/operator) (Commissary Establishment Name)

Located at \_\_\_\_\_  
(Address of commissary, City, State, Zip)

Give my permission to \_\_\_\_\_ of \_\_\_\_\_  
(Mobile unit owner/operator) (Name of mobile unit)

To use my kitchen facilities to perform the following tasks on their operation days:

- Preparation of food, such as washing produce, peeling or cutting foods, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Storage of foods, single-service items, and chemicals
- Servicing and cleaning of equipment and utensils
- Other (specify) \_\_\_\_\_

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      (PWSID#) \_\_\_\_\_

Commissary Sanitary Sewer Service:

- Public       Private

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Commissary owner/operator)

Commissary Contact Phone Number: \_\_\_\_\_

Commissary Email Address: \_\_\_\_\_