



Dear Applicant:

Colorado Revised Statutes require complete plans and specifications be submitted, reviewed and approved by the Public Health Division of Broomfield Health and Human Services (BHHS) before the start of any construction/extensive remodeling or operation of a **Mobile Food Establishment/Pushcart**. This process can be expedited by observing the following procedures.

1. Complete the enclosed plan review application. Notations on "see plans" will not be accepted. **Failure to provide the required information will delay the plan review process.** If plans are significantly altered after approval, additional information may be requested for submittal.
2. Submit plan review application to the Public Health and Environment Division, BHHS, at 100 Spader Way, Broomfield, CO 80020.
3. A total of \$680.00 is required upon submittal. This includes an application fee of \$100.00 and a plan review fee of \$580.00. Plan review activities are charged at an hourly rate of \$45.00. Any balance left of the fees collected will be refunded by mail after the opening inspection.
4. In addition, a license fee is also required at the time of submittal, please see page 9 for fee details.
5. Written notification will be sent within 14 working days of the status of your plans, i.e. approved, disapproved or that additional information is required.
6. Final approval from the Public Health and Environment Division is necessary before you open for business, including any advance food preparations.
7. You must also check with the following agencies prior to operating:
  - a. State and City and County business/solicitor licensing and sales tax offices
  - b. North Metro Fire Rescue District if mobile unit has a type 1 vent hood and/or propane tank

If you have any questions please contact our office at 720.887.2220.



# HEALTH AND HUMAN SERVICES

100 Spader Way • Broomfield, CO 80020 • 720.887.2200 • www.Broomfield.org/HHS

Application Date: \_\_\_\_\_

Date of Planned Opening: \_\_\_\_\_

MOBILE UNIT PLAN REVIEW APPLICATION											
ESTABLISHMENT INFORMATION											
Mobile Unit Name:					Phone:						
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart <input type="checkbox"/> Self-Contained Unit <sup>1</sup>											
Street Address:					Cell:						
City:					State/Zip :						
Email:				County:							
OWNERSHIP INFORMATION											
Individual(s) or Corporate Name:					Phone:						
Mailing Address:					Cell:						
City:					Fax:						
State/Zip:				Email:							
CONTACT INFORMATION											
Name of Primary Contact:					Phone:						
Street Address:					Cell:						
City:					Fax:						
State/Zip:				Email:							
LICENSING INFORMATION											
Has your mobile unit been previously licensed in Colorado? YES / NO											
If yes, provide the following information				Year:		County license issued in:					
Colorado Sales Tax Account Number:											
DAYS AND HOURS OF OPERATION											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours											
CIRCLE ALL MONTHS YOU PLAN TO OPERATE											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED PER SHIFT, WHERE APPLICABLE.											
Breakfast		Lunch		Dinner							
What is the maximum number of staff working during hours of operation?											

<sup>1</sup> Self-Contained Mobile Unit: A licensed mobile unit that is approved to operate without a commissary. It is not connected to fixed utilities (i.e. water, sewer, and electricity) and it is required to report to an approved servicing location for sewage disposal and water. For a self-contained mobile unit, see additional requirements in Annex.

Below is a checklist of required information needed to complete the plan review.  
Ensure all information is included.

**\*\*Lack of complete information will delay review and plan approval.\*\***

Menu	Table 5: Hot Holding
Table 1: Food Handling Procedures	Table 6: Manual Warewashing
Floor Plan/Equipment Layout	Table 7: Water Heater
Table 2: Finish Schedule	Water Supply Location
Table 3: Ventilation	Wastewater Disposal Location
Equipment Specifications	Commissary Agreement
Table 4: Refrigeration and Freezer Capacity	Plan Review Fee Paid
Colorado Retail Food Establishment Application Fee Paid	

**I. 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.

TABLE 1 FOOD HANDLING PROCEDURES				
Procedure	Y	N	If yes, indicate where procedure will take place	
			Commissary	Mobile
Will produce be washed?				
Will frozen foods be thawed?				
Will foods be prepared in advance? (e.g. sliced, chopped, etc.)				
Will food be cooked?				
Will food be rapidly cooled?				
Will food be rapidly reheated?				
Will food be held hot?				
Will food be held cold?				

**\*\*Preparation of food or storage of any items related to the operation is prohibited in a personal home.\*\***

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

- Utensils
- Gloves
- Deli Tissue
- Other: \_\_\_\_\_

II. FLOOR PLAN/EQUIPMENT LAYOUT

Submit a floor plan drawn to scale that includes the location and identification of all equipment, plumbing fixtures and storage areas, including but not limited to the items listed below. Check all that apply to the mobile unit. *NOTE: All equipment related to the operation must be of commercial design that is certified or classified for sanitation by an American National Standards Institute (ANSI) certification program or a design that is approved by the Department.*

- Hand sinks
- Food Preparation Sinks
- Warewashing Sinks
- Mop Sink
- Storage Area
- Refrigeration Units
- Hot Holding Units
- Ventilation
- Water Heater
- Water Supply Tank
- Wastewater Tank
- Drainage Pipes
- Outdoor Cooking Equipment
- Spare Tires, Tools, Hoses, etc.

III. PHYSICAL FACILITIES

A. Complete the finish schedule in *Table 2* below to indicate interior finishes for the mobile unit.

TABLE 2 FINISH SCHEDULE						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless</i>	<i>Smooth</i>	<i>Rubber Cove</i>	<i>FRP</i>	<i>Smooth</i>	<i>Stainless</i>	<i>Smooth</i>

B. Windows and Doors: To prevent the entry of pests, outer openings must be protected.

1. Are windows and doors screened? YES / NO / NA

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

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2. Are service windows self-closing? YES / NO / NA

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

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- C. Ventilation *If the mobile unit is enclosed and grease-cooking is conducted, such on a stove top or deep frying, a Type 1 vent hood with fire suppression is required and must be inspected and approved by North Metro Fire Rescue District*

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.

TABLE 3 VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

IV. EQUIPMENT SPECIFICATIONS

- A. Submit equipment specification sheets, including make and model numbers. All equipment must be of commercial design. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide information on refrigeration/freezer capacities and hot holding units by completing *Table 4* and *Table 5* below.

TABLE 4 REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	TOTAL CUBIC FEET
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:		

TABLE 5 HOT HOLDING UNITS	
TYPE OF UNIT	# OF UNITS PROVIDED
Steam Tables	
Hot Box	
Cook & Hold Units	
Other hot holding storage:	

V. UTENSILS AND WAREWASHING

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

- Commissary 3-compartment sink
- Commissary mechanical dishwasher
- Mobile unit 3-compartment sink

B. If utensil/equipment washing will take place in the mobile unit, provide specifications for the 3-compartment sink in *Table 6* below.

TABLE 6	MANUAL WAREWASHING			LENGTH (inches) OF CLEAN DRAINBOARD
	DIMENSIONS OF (inches) SINK COMPARTMENTS			
	LENGTH	WIDTH	DEPTH	

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

VI. WATER SYSTEMS

A. Please 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.

B. Hot Water

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

- Water Heater
- Passive System / Heat Exchanger (eg. water is heated as it passes by the heating element)
- Other (specify): \_\_\_\_\_

2. If a water heater is installed, complete *Table 7* below.

TABLE 7	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 water supply tank capacity (in gallons) below.

\_\_\_\_\_

3. Provide the maximum number of hours operating between filling water supply tank below.

\_\_\_\_\_

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

- 3-compartment sink (Specify dimensions in inches LxWxD: \_\_\_\_\_)
- Hand sink
- Food preparation sink (Specify dimensions in inches LxWxD: \_\_\_\_\_)
- Pre-rinse sprayer
- Utensil soak sink
- Mop sink
- Dish machine

D. Wastewater Tank

1. Provide location where wastewater will be disposed of below.

\_\_\_\_\_

Business Name	Street Address	City	State/Zip
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2. Provide wastewater tank capacity (in gallons) below.

\_\_\_\_\_  
*NOTE: The wastewater tank must be at least 15% larger than water supply tank.*

3. Prevention of Cross-Contamination to Water Supply - How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- Drinking water inlet above waste outlet
- Different colored or sized hoses
- Different colored or sized removable tanks
- Different threads on inlet and outlet
- Other (specify): \_\_\_\_\_



# COMMISSARY AGREEMENT

\_\_\_\_\_ Date

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) (Mobile unit Name)

to use my kitchen 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
- Storage of foods, single service items, and cleaning agents
- Service and cleaning of equipment
- 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                      Public Water System ID Number (PWSID#) \_\_\_\_\_

Commissary Sanitary Sewer Service:

- Public                       Private

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Commissary Owner/Operator)

Commissary Contact phone number: \_\_\_\_\_

Commissary Email address: \_\_\_\_\_

\*\*\*\*\*

*This Commissary Agreement is valid for this calendar year only  
Copy of Colorado State Retail Food license for Commissary is attached  
Commissary Agreement is valid for this calendar year*





Dedicated to protecting and improving the health and environment of the people of Colorado

## Retail Food Establishment License Application

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

Ownership type <input type="checkbox"/> Individual (must complete affidavit of residency) <input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.) <input type="checkbox"/> Non-profit (includes government) <input type="checkbox"/> Other			
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 (mobile, fax, etc.)	
Mailing address (if different from above)		City	State    Zip
Date you started the business	If Seasonal, circle each month you operate          JAN   FEB   MAR   APR   MAY   JUN JUL   AUG   SEP   OCT   NOV   DEC		
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 me by authorized inspectors of the Colorado Department of Public Health & 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.			
Signature	Title	Date	Calendar Year

Check the appropriate license type from the list below. This is your license fee effective 09/01/17 thru 08/31/18.

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	\$253.00
<input type="checkbox"/> Restaurant (0–100 seats)	3000	\$360.00
<input type="checkbox"/> Restaurant (101–200 seats)	3100	\$400.00
<input type="checkbox"/> Restaurant (> 200 seats)	3200	\$435.00
<input type="checkbox"/> Grocery store (0–15,000 sq.ft.)	4000	\$183.00
<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	\$330.00
<input type="checkbox"/> Grocery store w/ deli (> 15,000 sq.ft.)	5150	\$665.00
<input type="checkbox"/> Mobile unit (prepackaged)	6200	\$253.00
<input type="checkbox"/> Mobile unit (full food service)	6300	\$360.00
<input type="checkbox"/> Special Event	8000	\$255.00
Total Due \$		

Make checks payable to City and County of Broomfield

Mail payment and completed application to:  
 Health and Human Services  
 Public Health and Environment Division  
 100 Spader Way  
 Broomfield, CO 80020

Questions, contact Broomfield County  
 Call: 720.887.2220  
 Visit: [Broomfield.org/foodsafety](http://Broomfield.org/foodsafety)  
 Email: [Publichealth@broomfield.org](mailto:Publichealth@broomfield.org)



## Annex: Mobile Unit General Requirements

NOTE: The following list of requirements has been provided to assist with frequently asked questions specific to mobile unit plan reviews. The list does not represent the entirety of the requirements. Mobile retail food establishments must comply with all the requirements provided in Chapter 9 of the *Colorado Retail Food Establishment Rules and Regulations*.

### I. HANDWASHING SINKS

- A. Handwashing sinks must be capable of providing a hands-free, continuous flow of 100°F water delivered under pressure.
- B. Handwashing sinks must be easily accessible at all times and used for no other purpose.

### II. VENTILATION

- A. If the mobile unit is enclosed (floors, hard sided walls, ceiling) and grease-cooking is conducted (i.e. cooking meats on a stove top or deep frying), then a Type 1 hood with fire suppression is required.
- B. A single smoker, grill, or oven may be used outside the unit, provided that all foods are prepared, assembled, and served from within the mobile unit and not from the external piece of cooking equipment.

### III. WATER SUPPLY

- A. Water must be obtained from an approved source, as described in Section 5-101 of the *Colorado Retail Food Establishment Rules and Regulations*.
- B. For pushcarts, the water supply tank must have a minimum capacity of at least five gallons.
- C. For mobile units equipped with a three-compartment warewashing sink, the water supply must be sized to adequately fill warewashing sinks at least every four hours of operation.
- D. The mobile unit must supply three gallons of water to each handwashing sink for each hour of operation. For example, a mobile unit operating for six hours must have a minimum of 18 gallons of drinking water available just for the hand sink. Water can be provided through additional food grade containers if approved by the Department.
- E. Adequate water pressure must be provided to all fixtures at all times.
- F. Only food-grade hoses can be used to fill or transfer drinking water to or within a mobile unit.

### IV. WASTEWATER

- A. All wastewater (except water from clean ice) must be contained in a permanently installed holding tank that is at least 15% larger than the water supply tank.
- B. Wastewater from the holding tank must be disposed in an approved sanitary sewer system (e.g. toilet or plumbed drain) daily. The wastewater holding tank must never be emptied onto the ground or in the storm drainage system.
- C. When using wastewater containers that are not attached to the unit, they must be clearly marked and used for no other purpose.
- D. All connections to the wastewater holding tank must be of a different size or type than the connections to the water supply tank in order to prevent a cross-connection between drinking water and wastewater.
- E. The connections that release or catch wastewater must be located below the connections on the water supply tank in order to prevent contamination of the supply tank.

## V. DEFINITIONS

- A. **Mobile Retail Food Establishment:** Means a retail food establishment that is a wheeled vehicle or trailer that is readily moveable and designed for the service of food from the *interior* of the unit that is intended to physically report to and operate from a commissary for servicing, restocking, and maintenance each operating day.
- B. **Push Cart:** Means a retail food establishment that is a non-motorized unit designed so foods are served from the *exterior* of the unit, which is intended to physically report to and operate from a commissary for servicing, restocking and maintenance each operating day. Pushcarts shall be limited to cooking approved menu items and serving commercially prepared or commissary prepared food that will result in simple assembly.
- C. **Self-Contained Mobile Unit:** Means a licensed mobile retail food establishment that is approved to operate without a commissary. It is not connected to fixed utilities (i.e. water, sewer, and electricity) and it is required to report to an approved servicing location for sewage disposal and water.

### Additional Requirements for Self-Contained Mobile Retail Food Establishments

Fully equipped, self-contained mobile retail food establishments must use a commissary unless:

- A. A pre-approved facility is provided and used to supply drinking water to the unit and for the disposal of wastewater generated by the unit.
- B. The mobile unit's drinking water system and waste retention system is sufficiently sized, operated properly to serve the needs of the unit, and liquid waste is emptied only at service locations that have been approved by the Department.
- C. Adequate storage areas are provided within the mobile unit for all food, dry goods, single-service articles, and cleaning supplies.
- D. Adequate facilities are provided for food preparation; cleaning and sanitizing of equipment and utensils; storage of additional food, equipment, utensils, and other supplies; and other servicing operations.
- E. Adequate facilities, as required by the menu, are provided, including hand sink, food preparation sink, ware-washing facilities, mop sink, mechanical refrigeration, and any other necessary equipment.
- F. A written operational plan is submitted for the mobile unit demonstrating that its operation as a self-contained unit can be accomplished in compliance with the *Colorado Retail Food Establishment Rules and Regulations*.
- G. The approved operational plan must be available on the mobile unit at all times.

Review and approval of the operational plan must include the menu and standard operating procedures for the unit. After an operational plan is approved, any additions or changes to the plan must be approved by the Department prior to implementation.