



Mobile Food Establishment Plan Review

CHECKLIST

The following are **REQUIRED** to submit your application:

- A. \$155 Application fee
- B. Provide proposed menu- breakfast/lunch/dinner
- C. 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. (pg. 12 for example)
- D. 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.
- E. Provide completed Retail Food Establishment License Application. (pg. 2)
- F. Provide Completed Plan Review Packet. (pg. 3-11)

Please select the type of unit:



The fee for filing an application for a plan review is \$155.00, and the filing fee does not include the cost of plan review activities. An invoice for the actual time spent for the review will be sent to you at a later date and will not exceed \$900.00 [(CRS 25-4-1607(2))].

There will be a delay in your plan review if either the application fee or a fully completed application form are not submitted with the plans.

Please make check payable to:

Mesa County Public Health
Attn: Environmental Health
P.O. Box 20,000-5033
Grand Junction, CO 81502

Mail the completed application and check to the address above.



Retail Food Establishment License Application Effective Date September 1, 2025

Incomplete applications will not be processed. Fields marked with an * are required.

Ownership type: <input type="checkbox"/> Individual / Sole Proprietorship <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:*		Business phone number (on site):*	
Physical address of business: *		City:*	State:*
		Zip:*	
County where business is located: *	Owner Primary phone number:	Owner Secondary phone number:	
Mailing address (if different from above):		City:	State:
		Zip:	
Date you started business:	<input type="checkbox"/> Seasonal Operation <input type="checkbox"/> Year-Round Operation		
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:*

Based on operation, license type and fee will be determined by program staff from the list below.

License Type	Fee
Restaurant (0-100 seats) **	\$481.00
Restaurant (101-200 seats) **	\$538.00
Restaurant (>200 seats) **	\$581.00
Limited Food Service **	\$338.00
Mobile Unit (limited/prepackaged TCS) **	\$338.00
Mobile Unit (full food service) **	\$481.00
Grocery Store (0-15,000 sq ft) **	\$244.00
Grocery Store (>15,00 sq ft) **	\$441.00
Grocery Store w/Deli (0-15,000 sq ft) **	\$469.00
Grocery Store w/Deli (>15,000 sq ft) **	\$894.00

License Type	Fee
School Cafeteria	\$0.00
Correctional Facility Kitchen	\$0.00
Health Care Restaurant (0-100 seats)**	\$481.00
Health Care Restaurant (101-200 seats)**	\$538.00
Health Care Restaurant (>200 seats)**	\$581.00
Oil & Gas Temporary	\$1,063.00
Special Event**	Set locally

These new license fees go into effect September 1, 2025. You will be invoiced for your license fee at a later date upon completion of your plan review.

**To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW & PERMIT APPLICATION

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

LEGAL OWNERSHIP DETAILS		
Legal Ownership Type: <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government		
Legal Owner Name (either Legal Organization Name or Individual (Sole Proprietor) First and Last Name) :		
Owner Mailing Address:		
Owner Mailing Attention Line:		
City:	State:	Zip:
Owner Primary Phone:	Owner Primary Email:	
Owner Secondary Phone:	Owner Secondary Email:	
Send Invoices to this contact <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	
CONTACT DETAILS DURING PLAN REVIEW PROCESS (if different from above)		
Primary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	
Secondary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	

PLAN REVIEW DETAILS	
Application Date:	
Expected Opening Date:	
Has your mobile unit been previously licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No License Plate or VIN#:
If YES, provide the following information	Year: State & County where licensed:
If NO, is the construction of the mobile unit complete?	
Days of Operation: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	
Hours of Operation:	
Seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Months of Operation:
Maximum number of projected meals per week:	
LOCATION DETAILS	
Social Media(s):	
Website:	
Business Email:	
Location used most frequently:	
Will attend special events: <input type="checkbox"/> Yes <input type="checkbox"/> No	
LICENSE TYPE (SELECT ONE):	
<input type="checkbox"/> Mobile Unit (limited/ prepackaged TCS)	<input type="checkbox"/> Mobile Unit (full service food)

Updated license fees go into effect September 1, 2025. You will be invoiced for your license fee at a later date upon completion of your plan review.

For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand- signed form. Per Section 18-8-306,C.R.S., it is a felony to submit false information to a state official.

Name & Title of Applicant (Please Print)

Signature of Applicant

MENU AND FOOD HANDLING PROCEDURES

Check all the food handling procedures that apply and indicate the location where they will take place in the table below.

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

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.

- | | | |
|--------------------------------------------------|-----------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Under refrigeration | <input type="checkbox"/> Ice water bath | <input type="checkbox"/> Adding ice as an ingredient |
| <input type="checkbox"/> Rapid cooling equipment | <input type="checkbox"/> Shallow pans | <input type="checkbox"/> Separating food into smaller portions |
| <input type="checkbox"/> Other _____. | | |

Food Handling Procedure Descriptions

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

Select 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 a 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?

Gloves Utensils Deli Tissue Other: _____

PHYSICAL FACILITIES

FINISH SCHEDULE						
INSTRUCTIONS: Indicate which materials will be used (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile 4" plastic covered molding, etc.). Indicate Not Applicable (NA) as appropriate.						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless Example</i>	<i>Smooth Example</i>	<i>Rubber Cover Example</i>	<i>FRP Example</i>	<i>Smooth Example</i>	<i>Stainless Example</i>	<i>Smooth Example</i>

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

Are windows and doors screened? Yes No Unit is a push cart? Yes No

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

Are service windows self-closing? Yes No Unit is a push cart? Yes 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 stovetop 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).

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	# 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	# OF UNITS PROVIDED	MAKE & MODEL NUMBER
Steam Tables		
Hot Box		
Heat Lamps		
Other hot holding storage:		

OTHER EQUIPMENT <small>ex. smokers, coffee makers, BBQ grill, etc.</small>		
TYPE OF UNIT	CHECK IF USED	MAKE & MODEL NUMBER
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

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 three compartment sink in Table below.

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

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

WATER SYSTEMS:

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

Hot Water

1. How will hot water be provided to plumbing fixtures in 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

Water Supply Information

1. Provide location where water will be obtained below.

Business Name	Street Address	City	State/Zip
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2. Provide total capacity of all potable water supply tanks (in gallons) below.

Provide the maximum number of hours operating between filling water supply tank/s.

3. _____

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
- Other (specify): _____

Wastewater Tank/Disposal Information

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

Business Name

Street Address

City

State/Zip

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 threaded on inlet and outlet

Other (specify): _____

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.

Commissary Agreement

I, _____, am the owner/operator of _____, located at _____, and I give permission to _____ to use my facilities for the following activities:

- Food preparation activities, like washing and cutting of produce, cooking, cooling, and/or reheating
- Dishwashing
- Storage of dry goods, paper products, cleaning chemicals, and/or equipment
- Filling of water tanks
- Dumping waste water
- Storage of refrigerated foods
- Other (please specify): _____

Commissary water supply:

- Municipal
- Well

Commissary sewer system:

- Municipal
- Septic

The Commissary is available the following days for use by the mobile or temporary food business:

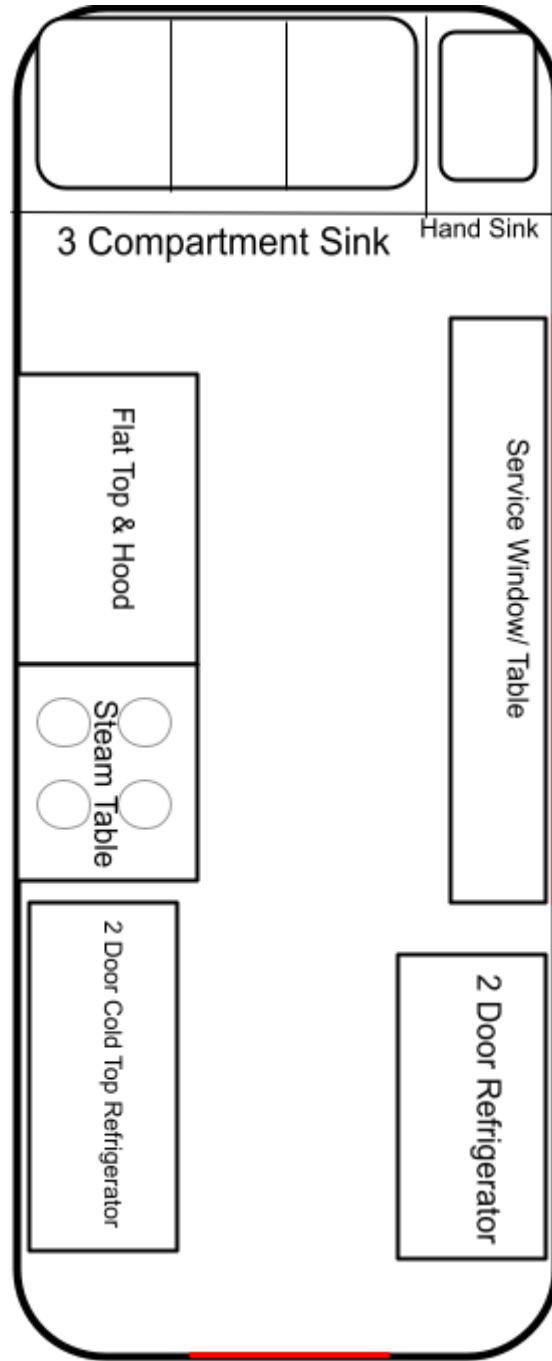
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday/Sunday

Signature (Commissary Owner/Operator)

Date

Phone Number

EXAMPLE OF MOBILE PLAN DRAWING



Form 1-B: Conditional Employee or Food Employee Reporting Agreement

The purpose of this agreement is to inform employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to prevent the transmission of foodborne illness.

I agree to report to the person in charge:

Any onset of the following symptoms, either while at work or outside of work, including the date of onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Food Employee Name (please print): _____ **Date:** _____

Signature of Food Employee: _____ **Date:** _____

Signature of Permit Holder or Representative: _____ **Date:** _____

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 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 85°F water delivered under pressure through a mixing valve or combination faucet.
- B. Handwashing sinks must be easily accessible, supplied 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 is required. Compliance with local fire department regulations 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. REFRIGERATION

- A. Refrigerators shall hold food temperatures of 41°F or below. Refrigeration units shall be NSF-approved. The food truck must have enough space to store all equipment, including refrigeration, which should be large enough to hold food.

IV. 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 wash solution at the three compartment sink must be at least 110°F.
- E. 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 Mesa County Public Health.
- F. Adequate water pressure must be provided to all fixtures at all times.
- G. Only food-grade hoses can be used to fill or transfer drinking water to or within a mobile unit.

V. 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 of in an approved sanitary sewer system (e.g. plumb drained) 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, and spills must be prevented.
- D. All connections to the wastewater holding tank must be of a different size of 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.

VI. DEFINITIONS

- A. **Mobile Retail Food Establishment:** a retail food establishment that is operated from a movable, motor-driven or propelled vehicle, portable structure, or watercraft that can change location, and is intended to physically report to and operate from a commissary for servicing, restocking, and maintenance.
- B. **Push Cart:** 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. Push carts shall be limited to cooking approved menu items and serving commercially prepared or commissary prepared food that will result in simple assembly.
- C. **Commissary:** a licensed commercial kitchen that provides essential services, such as food storage, warewashing (manual or mechanical), access to potable water, wastewater disposal, refrigeration, and food preparation, and a commissary agreement is required if your mobile food unit cannot perform certain necessary functions, like warewashing, food preparation, or storage, on its own.