

P.O. Box 20,000 Grand Junction, CO 81502-5033 (970) 248-6900 www.health.mesacounty.us

Limited Menu Vendor Application for Special Events with Food and Drink

ONLY Licensed Mesa County Temporary Event and Mobile Unit Vendors with limited menus (ex. lemonade, snow cones, candied nuts, ice cream) may complete this application. Please verify with Mesa County Health Department this is the correct application for your operation before submitting. Please submit this application to the Mesa County Health Department to obtain your annual Mesa County Approval. Please allow two weeks for processing. You will then submit your one-page Mesa County Approval to each event coordinator.

Plea	se complete the following inforn	nation:
Retail Food Establishment Name	Legal C	Owner's Name
Establishment Address(Street Address a	and P.O. Box)	
City	State	Zip Code
Contact Name	Contact #	I
E-mail		
License #	County who issue	es your license?
All vendors shall have the original C	Colorado Retail Food Establish	nment license on premise at all times.
_		mione noonoe on promioe at an amoo.
Please list ALL events you plan to atte Event name	-	ontion
Event name	Date Lot	
COMMISSARY		
All special event vendors are required to have	ve a local commissary within 30 minu	ates or 30 miles of your event in Mesa County.
	• •	an adequately be done in the mobile unit. If you
operation does not need a commissary in Me	esa County please provide the reason	ing in writing.
Name and location of Mesa County comm		
Please complete	e Commissary Agreement on page	3 of this application.
MENU		
Please list all menu items.		

HANDWASHING SET-UP A hand-washing station WITHIN each booth or unit is REQUIRED unless only prepackaged foods requiring no preparation and / or cooking are to be served. Please check the space below that applies to your booth / unit. I will be serving only prepackaged foods that require no preparation and/or cooking. I will have a handwash sink with hot and cold water under pressure supplied with soap and paper towels. I am a temporary event set up and will be serving open food or beverages and will provide the following for handwashing: 1) A minimum of 5 gallons of warm potable water that must be refilled as needed in a container with a 'hands-free' spigot (both hands can be washed under running water at the same time) 2) Soap
3) Dispensed paper towels
4) Tall container or large trash can to catch wastewater until it is properly disposed
NOTE: Hand 'sanitizers' are NOT an acceptable substitute for required hand-washing set-up.
POTABLE AND WASTE WATER Where will you obtain water? Commissary At event Other
Will you be using a hose to obtain water? If yes, is your hose food-grade quality?
If using a hose(s), do you have a backflow preventer for each hose you will be using?
Where will wastewater be disposed? ☐ Commissary ☐ Approved on-site receptacle at event ☐ Other
Wastewater CANNOT be dumped on the ground or into storm drains. Water must be placed in approved receptacle or sanitary sewer. Please find out from your event coordinator where this is located for each event.
OPERATIONS
How will you prevent bare hand contact with ready to eat foods? ☐ Tongs ☐ Food-grade disposable gloves ☐ Deli tissues ☐ Other (list)
Where will utensil washing take place? (Washing utensils in 3 wash tubs is not allowed.) □ Commissary □ Commercial 3-compartment sink in booth/mobile unit
What sanitizer will be used for wiping cloths? Chlorine Quaternary Ammonia Other (specify) *Test kits shall be provided to test sanitizer concentrations.*
BOOTH LAYOUT Provide a drawing of the Temporary Food Establishment or Mobile Unit. Identify all equipment. The layout shall include the following:
 ☐ Hand washing facilities ☐ Food and single service storage ☐ Garbage containers

Submit to:

☐ Customer service area

☐ Personal item storage/ Break area

Environmental Health PO Box 20,000-5033 Grand Junction, CO 81502 environmental.health@mesacounty.us Ph (970) 248-6900 Fax (970) 248-6923

Mesa County Health Department

Commissary Agreement for Temporary Retail Food Operation or Mobile Unit

Cowner/Operator of Commissary) (Establishment Name)			
(Owner/Operator of Commissary) (Establishment Name) (Address of Commissary) herby give permission to		Date	
(Owner/Operator of Commissary) (Establishment Name) (Address of Commissary) herby give permission to	of		
(Address of Commissary) herby give permission to	(Owner/ Operator of Commissary)	(Establishment Name)	,
(Address of Commissary) herby give permission to	eated at		
(Name of Temporary Retail Food Operation or Mobile Unit) use my kitchen facilities for: Preparation of foods such as vegetables, fruits,		ess of Commissary)	
(Name of Temporary Retail Food Operation or Mobile Unit) asse my kitchen facilities for: Preparation of foods such as vegetables, fruits, Dishwashing Milling water tanks Storage of dry goods and paper goods Storage of fory goods and paper goods Storage of foods Storage of hot and cold holding equipment Municipal Well mmissary water supply? Municipal Septic dicate hours facility is available for use by operator: Mon to to Wed to ur to Fri to Sat to Sun to dicate the equipment available at the commissary for the proposed uses above: and sink Prep sink Mop sink Three bay sink sh machine Refrigeration Freezer Cooling equipment y storage Other Gignature of Owner/Operator Commissary Signature of Owner/Operator Commissary	herby give permission to		
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		Phone number	

This Commissary Agreement is valid for this year only.