



Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

## Retail Food Establishment License Application

Effective Date, September 1, 2025

**Incomplete applications will not be processed.**

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 the business:	Please indicate the months, days, and hours you are operating:			
<input type="checkbox"/> Seasonal Operation	<input type="checkbox"/> Year-round Operation			
Inconsideration there of, I do here by 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 (>15,000 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	\$1,1063.00
Special Event**	<i>depends</i>

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 CHANGE OF OWNERSHIP PACKET

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

ESTABLISHMENT PHYSICAL LOCATION DETAILS		
Name of Establishment (DBA):		
Location Street Address:		
City:	State:	Zip:
County:		
Facility Phone:	Facility Email:	
Facility Website:		
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		
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:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	

<b>LICENSING INFORMATION</b>			
Name of Existing/Most Recent Establishment:			
Closure Date:		For mobile units, County license was issued in:	
<b>PLAN REVIEW DETAILS</b>			
Date of Ownership Change:			
Expected Opening Date:			
Number of Seats Indoors:		Number of Seats Outdoors:	
Days of Operation:			
Hours of Operation:			
Seasonal: <input type="checkbox"/> YES <input type="checkbox"/> NO		Months of Operation:	
<b>LICENSE TYPE (SELECT ONE)</b>			
<input type="checkbox"/> Restaurant (0-100 seats)*	\$481	<input type="checkbox"/> Grocery Store (0-15,000 sq ft)*	\$244
<input type="checkbox"/> Restaurant (101-200 seats)*	\$538	<input type="checkbox"/> Grocery Store (>15,000 sq ft)*	\$441
<input type="checkbox"/> Restaurant (>200 seats)*	\$581	<input type="checkbox"/> Grocery w/ Deli (0-15,000 sq ft)*	\$469
<input type="checkbox"/> Limited Food Service*	\$338	<input type="checkbox"/> Grocery w/ Deli (>15,000 sq ft)*	\$894
<input type="checkbox"/> Mobile Unit (limited/prepackaged TCS)*	\$338	<input type="checkbox"/> Health Care Restaurant (0-100 seats)*	\$481
<input type="checkbox"/> Mobile Unit (full service food)*	\$481	<input type="checkbox"/> Health Care Restaurant (101-200 seats)*	\$581
<input type="checkbox"/> School Cafeteria	\$0	<input type="checkbox"/> Health Care Restaurant (>200 seats)*	\$0
<input type="checkbox"/> Special Event*	<i>depends</i>	<input type="checkbox"/> Correctional Facility	\$1,063
		<input type="checkbox"/> Oil & Gas Temporary	

You will be invoiced for your license fee at a later date upon completion of your plan review.

For the purposes of this form, Mesa County Public Health 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.

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Name & Title of Applicant (Please Print)

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Signature of Applicant

\*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.

### Type of Retail Food Establishment (check all that apply)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Bar Coffee Shop
<input type="checkbox"/> Fast Food Market	<input type="checkbox"/> School Food Program
<input type="checkbox"/> (Grocery)	<input type="checkbox"/> Catering Operation
<input type="checkbox"/> Deli	<input type="checkbox"/> Concession
<input type="checkbox"/> Fish Market	<input type="checkbox"/> Manufacturer with Retail Sales
<input type="checkbox"/> Meat Market	
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Other:
Projected maximum number of meals to be served:	
Number of meals per week:	

1. Submit floor plans drawn to scale that include the location and identification of all equipment, plumbing fixtures, and storage areas in the establishment.
2. Provide details on changes or alterations that increase or reduce the size of the kitchen or storage spaces. If no changes are to occur this is not applicable.
3. Number of seats in the establishment: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
4. Number of restrooms in the establishment: \_\_\_\_\_
5. Are there alterations or revisions to the establishment or equipment that require a building or construction permit by local building authorities?  Yes  No  
•If yes, provide information on the changes.
6. Will the menu be changing from that of the previous establishment?  Yes  No  
•If yes, provide a copy of the proposed menu(s) and, if available, a copy of the menu from the existing or most recent establishment.
7. Will equipment be added?  Yes  No  
•If yes, provide specification sheets for any new pieces of equipment. If specs cannot be obtained, please provide pictured of the equipment you intend to use.
8. Please indicate any additional changes being made to the establishment that has not been addressed above.

## Change of Ownership Establishment Requirements

- The Establishment must have adequate equipment to maintain food temperatures.
- All hand sinks must be supplied with soap and disposable paper towels.
- All food must be obtained from approved sources that comply with the applicable laws relating to food and food labeling.
- Food must be protected from cross-contamination while stored, prepared, displayed, dispensed, packaged, or transported from all agents of public health significance.
- Ill employees must be excluded or restricted from the retail food establishment in accordance with 2-201.12 in the Colorado Retail Food Establishment Regulations. (see attached employee reporting agreement)
- Employees must be knowledgeable in food safety, which include but not limited to proper cooking and cooling of foods, when to wash hands, how to prevent food from bare hand contact, and practice good hygienic practices. At least one person who has manager or supervisor responsibilities must demonstrate active managerial control by being a Certified Food Protection Manager (CFPM) at most establishments.
- Provide a probe-type thermometer that is capable of reading both hot and cold temperatures and is calibrated and accurate to  $\pm 2^{\circ}\text{F}$ .
- Ensure that all necessary equipment is indirectly plumbed to the waste line (i.e., three- compartment sinks, coolers, ice machines, and food preparation sinks).
- A sign or poster notifying food employees to wash their hands is required to be provided and visible at all sinks for food employee's use for handwashing.
- At least one service sink or curbed cleaning facility with a floor drain shall be used for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water or similar liquid wastes.
- Other requirements and further guidance for provisions of a retail food establishment please see the Colorado Retail Food Establishment Regulations (6 CCR 1010-2). Copies are available from the department's web site at [cdphe.colorado.gov/retail-food/retail-food-resources](http://cdphe.colorado.gov/retail-food/retail-food-resources).

The following pages are provided as guidance and a template for an employee illness policy. Adopting the following procedures at your establishment will help you provide a safe and healthy work environment for your employees.

If you would like a copy of these documents in another language please visit:

<https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook#forms>

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

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga Toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus *The purpose of this agreement is to inform conditional employees or food 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 preclude 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 (or had explained to me) 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.

Conditional Employee Name (please print) \_\_\_\_\_

Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_ Date \_\_\_\_\_