Do not submit your mobile plan review packet if the following items are not completed; your packet will be denied:

1) Obtain your **propane permit** or exemption letter from the Denver Fire Department to submit with the packet

2) Complete the top two sections of the **affidavit of commissary**
   a. You, the operator, completes the top section
   b. The commissary completes the middle section

3) Take clear, color **photos** of both the inside and outside of the mobile unit and print them on 8.5”X11” computer paper. No more than 4 pictures per page. (Individual photos printed on photo paper **will not** be accepted)

4) Complete all sections of the packet with a bracket (`). If something is not applicable, please say N/A.
2020 Mobile Retail Food Establishment Plan Review Application

Complete steps 1-5 in the instruction box below. Ensure all aspects of this document accurately reflect the physical properties of the mobile retail food establishment. Any inaccuracies or falsification during the licensing process may result in a rejected application. **INCOMPLETE APPLICATIONS OR TRUCKS THAT ARE NOT COMPLETED WILL NOT BE PROCESSED**

For complete requirements and regulations regarding mobile retail food establishments, call 720-913-1311 or refer to each regulatory agency’s website:

- Excise and Licenses: [www.denvergov.org/businesslicensing](http://www.denvergov.org/businesslicensing)
- Department of Public Health and Environment: [www.denvergov.org/healthinspections](http://www.denvergov.org/healthinspections)
- Fire Department: [www.denvergov.org/fire](http://www.denvergov.org/fire) (reference permits and licensing tab, fire safety permits)
- Community Planning and Development/Zoning Department: [www.denvergov.org/zoning](http://www.denvergov.org/zoning)
- Department of Public Works: [www.denvergov.org/publicworks](http://www.denvergov.org/publicworks)

**Instructions**

1. **The following shall be gathered BEFORE submitting the application for review to Excise and Licenses:**
   - Government issued ID (driver’s license, passport, military ID, etc.)
   - Affidavit of lawful presence (Appendix B) for sole proprietor or individual only.
   - **Fees:** $200-application fee (non-refundable) and $125-business license fee for a total of $325 to be paid at time of submission.
   - Completed Propane Permit (Appendix C) or obtain Letter of Exemption from the Denver Fire Department.
   - Affidavit of Commissary with Business Operator and Commissary Operator sections completed.
   - Mobile retail food establishment plan review application (pages 2-13, including appendices A and B)
     - Please reference Appendix D for questions with an asterisk (*)
   - Printed, clear, color pictures of the following items printed on an 8.5” x 11” sheet of printer paper. Print 1 picture per page (blurry, dark or pixelated pictures, and Kodiak pictures will not be accepted):
     - Clean water and wastewater tanks
     - Exterior of the unit: 1 picture of each side including permanent license plates, propane lines and tanks
     - Interior of the unit: sink(s), hood system, all equipment including sinks, propane lines, breaker box and fire extinguishers, etc.
   - Manufacturer specifications (spec sheets) for all appliances including cooking equipment and refrigeration
     - **NOTE:** All equipment must be rated for use with propane. Natural gas appliances are **not** allowed
   - If applicable, two (2) complete sets of pre-engineered automatic extinguishing system shop drawings

2. **Bring all items from step 1 to the Department of Excise and Licenses (Dept. of EXL):**
   - 201 Colfax Ave., Suite 206, Denver 80202

3. **After submitting your plans to the Dept. of EXL, the following will take place:**
   - Dept of EXL will issue you a business file number (BFN)/record number
     - Do not lose this number; it is your tracking number for the licensing process
   - Dept. of EXL will distribute your plan review to applicable agencies for review
   - Once the mobile retail food establishment plan review has been approved by all applicable agencies, the responsible party (mobile operator) will be contacted to schedule a physical inspection of the unit.
     - **NOTE:** Public Health and Environment and the Fire Department will simultaneously inspect the mobile unit.
   - Once unit has been approved by Public Health and Environment and the Fire Department during the physical inspection, a license will be issued for the mobile unit by Excise and Licenses at the physical inspection location.

4. **If operating on private property, a zoning permit from the Zoning Department and permission letter from the property owner will need to be obtained.

**Warning:** Operating without a retail food license may result in a court summons
## SECTION 1: Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I further acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern this Mobile Retail Food Establishment Plan Review Application:

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Authorized Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

## SECTION 2: Basic Information

**Mobile Retail Food Establishment Trade Name:**

Legal Entity Name (LLC, Corp., Etc.)

Mailing Address: (include city, state, zip)

Phone: Fax:

Email:

Website/Facebook/Twitter Page:

<table>
<thead>
<tr>
<th>Responsible/Main Contact Name</th>
<th>% interest owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address: (include city, state, zip)</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner’s Contact Name</th>
<th>% interest owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address: (include city, state, zip)</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner’s Contact Name</th>
<th>% interest owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address: (include city, state, zip)</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

### MOBILE FOOD ESTABLISHMENT VEHICLE INFORMATION

Vehicle Identification Number (VIN):

Make and Model of Vehicle: Permeant License Plate #:

Was this unit previously licensed in the City and County of Denver? □ Yes □ No

If yes, what was the name of the unit:
SECTION 3: Equipment Information

What type of sanitizing solution are you using for cleaning food contact surfaces?  
☐ Chlorine  ☐ Quaternary Ammonium  ☐ Other: ____________________________

What strength shall your sanitizing solution measure in parts per million (PPM)? _____________________ PPM

Are PPM test strips available on the mobile unit to verify sanitizer concentration?  ☐ Yes  ☐ No

What type of thermometer is available for use on the mobile unit?  ☐ Dial stem  ☐ Digital

If your truck weighs more than 16,000 lbs, do you have your DOT stickers?  ☐ Yes  ☐ No

Indicate, using numbers, how many pieces of equipment are on the unit: (ex: 1 hand washing sink, 2 Fryers, 1 Grill)

☐ Hand washing sink  ☐ Food preparation sink  ☐ Three compartment sink  ☐ Steam table(s)
☐ Mop/Utility sink  ☐ Refrigerator(s)  ☐ Freezer(s)  ☐ Hot box(s)
☐ Flat top  ☐ Grill  ☐ Barbecue  ☐ Smoker
☐ Fryer(s)  ☐ Other: ____________________________
☐ Other: ____________________________

Are all the propane powered appliances rated for propane use?  ☐ Yes  ☐ No

Sink Basin Measurements*:

<table>
<thead>
<tr>
<th></th>
<th>Length (inches)</th>
<th>Width (inches)</th>
<th>Height/Depth (inches)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Washing Sink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three-compartment Sink^</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

^Please provide the dimensions of one of the compartments of the three-compartment sink.

SECTION 4: Water Tanks

**Clean water tanks** must be a minimum of 10 gallons, or 3 gallons per hour of operation, whichever is greater. For example, if operating for 5 hours, a 15 gallon clean water tank, at minimum, is required. If operating for 2 hours at a time, a 10 gallon clean water tank would be required.

**Waste water tanks** must be at least 15% larger than the clean water tank. For example, if the clean water tank is 15 gallons, then the gray water tank must be at least 17.25 gallons.

Note: If multiple tanks are used for the clean water, they must be connected and allow for water to be pumped without changing tanks. A single tank must be used for waste water.

Water Tank Measurements*:

<table>
<thead>
<tr>
<th></th>
<th>Water Tank Shape</th>
<th>Length (inches)</th>
<th>Width (inches)</th>
<th>Height (inches)</th>
<th>Total Gallons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean Water Tank</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste Water Tank</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


*Reference Appendix D*
**SECTION 5: Menu** (write menu below or attach a copy—please indicate below if menu is attached)

---

**NOTE:** All items that are served raw or undercooked, or contain raw or undercooked ingredients, require a consumer advisory. This advisory must be placed on all menus. The most commonly used consumer advisory identifies individual items on the menu and then places both a disclosure and reminder statement at the footer of the menu. Additional consumer advisory variations may be found [here](#).

**Example:**

<table>
<thead>
<tr>
<th>Appetizers</th>
<th>Breakfast</th>
<th>Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceviche*</td>
<td>Scrambled Egg skillet</td>
<td>Chicken tacos</td>
</tr>
<tr>
<td>Nachos</td>
<td>Eggs Benedict*</td>
<td>Hamburger*</td>
</tr>
<tr>
<td>Oysters*</td>
<td>Pancakes</td>
<td>Chicken Caesar Salad*</td>
</tr>
</tbody>
</table>

*These items may be served raw or undercooked, or contain raw or undercooked ingredients. Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.
SECTION 6: Commissary Usage and Food Preparation

What is the name of the commissary you plan to use?

Please write the hours you intended to use the commissary under what days you intend to report to the commissary:

<table>
<thead>
<tr>
<th>Days</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td><strong>to</strong></td>
<td><strong>to</strong></td>
<td><strong>to</strong></td>
<td><strong>to</strong></td>
<td><strong>to</strong></td>
<td><strong>to</strong></td>
<td><strong>to</strong></td>
</tr>
</tbody>
</table>

Name of supplier(s) where food will be purchased: ____________________________

Where will ware washing be taking place?  □ On the mobile unit  □ At the commissary

I understand that water may only be obtained from my commissary:  □ Yes  □ No

How is the mobile food unit clean water tank filled?  □ Food grade/drink water hose  □ Other: __________________________

If applicable, who is providing the food grade hose?  □ Commissary  □ Self

If applicable, how will food grade hose be stored?  □ Closed container  □ Other: __________________________

If applicable, where will the food grade hose be stored?  □ Commissary  □ Mobile Unit

Where will wastewater (gray water) be disposed?  □ Commissary  □ Other: __________________________

How is wastewater drained from wastewater tank(s)?  □ Hose  □ Valve  □ Other: __________________________

If applicable, where will grease/oil be disposed?  □ Commissary  □ Other: __________________________

Is the mobile unit only selling pre-packaged items (i.e. hot box truck, ice cream truck, etc.)?  □ Yes  □ No

If yes, are all pre-packaged items store-bought (i.e. ice cream bars, cupcakes, chips, soda)?  □ Yes  □ No

If any items on the mobile unit are prepared prior to being sold or are not bought prepackaged, please indicate where the following tasks will take place (select all that apply):

- Cooking  □ Mobile unit  □ Commissary  □ Not Applicable
- Reheating  □ Mobile unit  □ Commissary  □ Not Applicable
- Cooling  □ Mobile unit  □ Commissary  □ Not Applicable
- Thawing  □ Mobile unit  □ Commissary  □ Not Applicable
- Ice-making (not buying from store)  □ Mobile unit  □ Commissary  □ Not Applicable
- Washing produce  □ Mobile unit  □ Commissary  □ Not Applicable
- Slicing  □ Mobile unit  □ Commissary  □ Not Applicable
- Cutting/Dicing  □ Mobile unit  □ Commissary  □ Not Applicable
- Freezing  □ Mobile unit  □ Commissary  □ Not Applicable
- Other: __________________________  □ Mobile unit  □ Commissary  □ Not Applicable
- Other: __________________________  □ Mobile unit  □ Commissary  □ Not Applicable

Where will the following storage be taking place (select all that apply):

- Cold storage  □ Mobile unit  □ Commissary  □ Not Applicable
- Dry storage  □ Mobile unit  □ Commissary  □ Not Applicable
- Freezer storage  □ Mobile unit  □ Commissary  □ Not Applicable
- Chemical storage  □ Mobile unit  □ Commissary  □ Not Applicable
- Other: __________________________  □ Mobile unit  □ Commissary  □ Not Applicable
- Other: __________________________  □ Mobile unit  □ Commissary  □ Not Applicable

I understand that no food can be stored and/or prepared in my home:  □ Yes  □ No

*Reference Appendix D*
SECTION 7: Operating Location

Please write the hours of intended operation under what days you plan to operate during the week:

<table>
<thead>
<tr>
<th>Days</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td><strong><strong>to</strong></strong></td>
<td><strong><strong>to</strong></strong></td>
<td><strong><strong>to</strong></strong></td>
<td><strong><strong>to</strong></strong></td>
<td><strong><strong>to</strong></strong></td>
<td><strong><strong>to</strong></strong></td>
<td><strong><strong>to</strong></strong></td>
</tr>
</tbody>
</table>

If you plan to operate seasonally, what months do you plan to operate: ______________________ to ______________________

Where do you plan to sell food? (please check all applicable boxes and complete information below checked box)

☐ Single Location(s), such as breweries, a tire shop, parking lot, a meter downtown, office building, etc. ^^

1) Ex: 17th and Wynkoop from 10am-2pm, Mon-Fri and Bob’s Brewery from 5-9pm Saturday

2) ______________________

3) ______________________

4) ______________________

^^If privately owned, please review zoning requirements. If on a street, please review public works requirements.

☐ Route, where you go from location to location and make frequent stops during your operation hours

<table>
<thead>
<tr>
<th>Operating Address(es)</th>
<th>Days of Operating</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Bob’s Plumbing at 40th and Steele</td>
<td>Monday-Friday</td>
<td>10:15-10:30am</td>
</tr>
</tbody>
</table>

☐ Event(s), such as Civic Center Eats, Taste of Colorado, Farmer’s Markets, etc.

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Operating Date(s)</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Civic Center Eats</td>
<td>Tuesdays (May-Oct)</td>
<td>11am-2pm</td>
</tr>
</tbody>
</table>

ADVISORY: Some Denver addresses are in unincorporated areas and therefore are regulated by different health departments and require their county’s license. Verify intended area of operation’s address prior to obtaining a Denver license. No other licenses are valid while operating in the City and County of Denver. A City and County of Denver license is only valid in the City and County of Denver. Operating without a proper license can result in a court summons.

SECTION 8: Miscellaneous

Is the trade name of the business on the exterior of the mobile unit? ☐ Yes ☐ No

Is there a phone number to contact the business on the exterior of the unit? ☐ Yes ☐ No

Where are the nearest restrooms to the intended area of operation that will be utilized by employees?

<table>
<thead>
<tr>
<th>Name (of business):</th>
<th>Address:</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (of business):</td>
<td>Address:</td>
<td>Zip</td>
</tr>
</tbody>
</table>
**SECTION 9: Fire Extinguishing Equipment**

Do you use propane or a generator on the mobile unit?  
☐ Yes  ☐ No  ☐ Not Applicable

If using propane or generator, do you have a 2A 10BC fire extinguisher?*  
☐ Yes  ☐ No  ☐ Not Applicable

  If yes, was the extinguisher inspected by a licensed inspector?  
  ☐ Yes  ☐ No

  If yes, is the extinguisher mounted and secured in the proper bracket?*  
  ☐ Yes  ☐ No

Do you have equipment that produces grease-laden vapors or smoke?*  
☐ Yes  ☐ No  ☐ Not Applicable

If producing grease or smoke, do you have a Class K fire extinguisher?*  
☐ Yes  ☐ No  ☐ Not Applicable

  If yes, was the extinguisher inspected by a licensed installer?  
  ☐ Yes  ☐ No

  If yes, is the extinguisher mounted and secured in the proper bracket?*  
  ☐ Yes  ☐ No

If producing grease or smoke, do you have a commercial grade hood?*  
☐ Yes  ☐ No  ☐ Not Applicable

  If yes, does the hood extend over all required equipment?  
  ☐ Yes  ☐ No

  If yes, was the hood system installed by a licensed inspector?  
  ☐ Yes  ☐ No

  If yes, is the hood system caulked with high temperature caulking?  
  ☐ Yes  ☐ No

If producing grease or smoke, do you have a fire suppression system?*  
☐ Yes  ☐ No  ☐ Not Applicable

  If yes, was the suppression system installed by a licensed installer?  
  ☐ Yes  ☐ No

What are the dimensions of your hood?*  

<table>
<thead>
<tr>
<th>Width (inches)</th>
<th>Height (inches)</th>
<th>Length (inches)</th>
</tr>
</thead>
</table>

**SECTION 10: Hot Water**

How is hot water supplied to the unit for handwashing or other activities?  
☐ Hot water heater  ☐ Passive System/ Heat Exchange  ☐ Other: ______________________

If water heater uses propane, is it vented to the exterior of the unit?  
☐ Yes  ☐ No  ☐ Not Applicable

  **NOTE:** *If using a propane powered hot water heater, it must be rated for propane use only.*

I understand that I must **ALWAYS** have hot water measuring **100F** at my hand washing sink:  
☐ Yes  ☐ No
SECTION 11: Power Source

Power Source: (check all that apply)

☐ Electrical (plug into a building)  ☐ Propane  ☐ Generator  ☐ Other:_______________

If applicable, where is generator located?  ☐ On unit  ☐ Outside of unit (On ground)

How will the electrical source be grounded?  ____________________________________________________________________________

How many amps is the breaker box?  ____________________________________________________________________________

Are all breakers labeled for the equipment they feed?  ☐ Yes  ☐ No  ☐ Not Applicable

Is all electrical wiring contained within a rigid conduit?*  ☐ Yes  ☐ No  ☐ Not Applicable

Are GFI circuits installed?*  ☐ Yes  ☐ No  ☐ Not Applicable

SECTION 12: Propane

Interior

What type of propane lines are used on the interior of the unit?  ☐ Hard  ☐ Flex

If flex lines are being used, what type of flex lines?  ____________________________________________________________________________

If flex lines are being used, where are they located?  ____________________________________________________________________________

If flex lines are being used, how long are they?  ____________________________________________________________________________

If yes, are the flex lines protected from sharp edges?  ☐ Yes  ☐ No  ☐ Not Applicable

Are there shutoff valves on the interior of the unit?  ☐ Yes  ☐ No  ☐ Not Applicable

Exterior

Are propane lines piped on the exterior of the unit?  ☐ Yes  ☐ No  ☐ Not Applicable

What type of propane lines are used on the exterior of the unit?  ☐ Hard  ☐ Flex

If flex lines are being used, where are they located?  ____________________________________________________________________________

If flex lines are being used, how long are they?  ____________________________________________________________________________

How many propane bottles are on the unit?  ☐ One (1)  ☐ Two (2)  ☐ Other _______

How much does each bottle weigh?  ☐ 20lbs  ☐ 40lbs  ☐ Other _______

How many total pounds of propane are on the unit?  ____________________________________________________________________________

How are propane bottles securely mounted?

☐ Cage  ☐ Bracket  ☐ Other:_______________

What type of regulator do you have?  ☐ Single Stage  ☐ Dual Stage

Is the propane regulator securely attached to the vehicle?  ☐ Yes  ☐ No  ☐ Not Applicable

Does the regulator have adequate space for venting?  ☐ Yes  ☐ No  ☐ Not Applicable

How many appliances on the unit use propane?  ☐ One (1)  ☐ Two (2)  ☐ Other _______

If propane is not visible, is there a sticker indicating propane?  ☐ Yes  ☐ No  ☐ Not Applicable

ADVISORY

If propane is used on the truck, complete Appendix C and obtain propane permit from Denver Fire Department (DFD) PRIOR TO submitting the completed plan review to the Department of Excise and Licenses (Dept. of EXL). If propane is not used on the truck, obtain an exemption letter from DFD PRIOR TO submitting plan review packet to the Dept. of EXL.

*Reference Appendix D
SECTION 13: Floor Plan Drawing (if available from manufacturer, please attach plans instead)

The following items shall be indicated on the floor plan drawing:

- Location and common name of all equipment
- Food storage locations [including coolers and self-service locations (i.e. salsa, soda, etc.), if applicable]
- Location of clean and gray water tanks
- Location of sinks (including hand washing and three compartment sink, if applicable)
- Location of propane tanks and propane powered equipment (indicate with a P on equipment)
- Any outdoor equipment (i.e. barbecue)

NOTE: All floors, walls and ceilings shall be constructed of smooth and easily cleanable materials.

What material is the floor constructed of? __________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

What material is the walls constructed of? _________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

What material is ceiling constructed of? __________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
## 2020 Affidavit of Commissary

**Completed by Business Operator**

<table>
<thead>
<tr>
<th>Business’ Name:</th>
<th>Business’ LLC/CORP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner/Operator’s Name:</td>
<td></td>
</tr>
<tr>
<td>Operator’s Mailing Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Operator’s Email:</td>
<td>License Plate:</td>
</tr>
<tr>
<td>Operator’s Telephone Number:</td>
<td>CBD Products (Y/N):</td>
</tr>
</tbody>
</table>

As owner/representative of the above-named business, I offer this affidavit as proof that my food will be prepared in a licensed facility in accordance with the laws governing the designated business type in the City and County of Denver’s Food Establishment Rules and Regulations, Chapter 23 of the Denver Revised Municipal Code. Please initial below:

- [ ] I will submit a new affidavit for approval before I resume selling food if I cease to use the facility listed below as my commissary.
- [ ] I understand that all food must be stored and prepared at the commissary below, no food may be stored or prepared in a home.
- [ ] I understand that failing to utilize my commissary as required may result in enforcement action.

**Note:** If you are operating multiple stands/booths/mobiles, such as Suzy’s Lemonade #1 and Suzy’s Lemonade #2, you will need to obtain separate licenses for each and submit separate affidavits to the department for approval.

If applicable, what temporary events are you participating in: [ ] 420 Rally [ ] Cinco de Mayo [ ] Five Point Jazz Festival [ ] Pridefest [ ] Bacon & Beer [ ] People’s Fair [ ] Cherry Creek Arts [ ] Juneteenth [ ] Dragon Boat [ ] International Fest [ ] The Big Eat [ ] Taste of Colorado [ ] Tacolandia [ ] Westword Fest [ ] Grandoozy [ ] Farmer’s Market/Other: 

I affirm that the above information is correct and true by signing below.

**Signature of Proposed Business Operator**

**Date**

**Completed by Commissary Operator**

<table>
<thead>
<tr>
<th>Commissary Name:</th>
<th>Operator’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissary Address:</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Commissary is regulated by:</td>
<td>[] Denver [ ] Jefferson County [ ] Tri-County [ ] Other:</td>
</tr>
<tr>
<td>Commissary Email Address:</td>
<td></td>
</tr>
<tr>
<td>Commissary Agreement Start Date:</td>
<td>End Date:</td>
</tr>
</tbody>
</table>

Commissary is providing the following items for the above noted operator/business:

- [ ] Cold storage
- [ ] Grease Disposal
- [ ] Drinking/potable water hose
- [ ] Dish washing
- [ ] Dry storage
- [ ] Food preparation tables
- [ ] Mobile unit storage
- [ ] Cooking equipment
- [ ] Clean water/ water disposal
- [ ] Ice machine
- [ ] Food preparation sink
- [ ] Cooling equipment

As owner/representative of this facility, I confirm that the operator above has permission to utilize my facility as a commissary for their designated business. I read, understand, and affirm my responsibilities as a commissary operator in accordance with the laws governing commissaries in Chapter 12 of the City and County of Denver’s Food Establishment Rules and Regulations, Chapter 23 of the Denver Revised Municipal Code. Please initial the lines below:

- [ ] I will notify the Department of Public Health and Environment if the vendor ceases to use this facility as required.
- [ ] I will maintain logs/records indicating both the intended schedule as well as the actual schedule in which the above operator uses my facility.
- [ ] I understand that failing to adhere to the rules and regulations that govern commissaries may result in enforcement action.

I affirm that the above information is correct and true by signing below.

**Signature of Commissary Operator**

**Date**

***ATTENTION: All asterisk (*) licensees below must have the bottom section completed by PHI prior to submitting to the Department of Excise and Licenses. Exclude mobiles.***

**Business Type (please only select one):**

- [ ] Temporary*
- [ ] Wholesaler*
- [ ] Peddler*
- [ ] Caterer*
- [ ] Kiosk*
- [ ] Commissary Change
- [ ] Renewal
- [ ] New
- [ ] Mobile Truck
- [ ] Mobile Trailer
- [ ] Mobile Cart
- [ ] Other:

- [ ] Approved
- [ ] Denied
- [ ] Approved with Conditions:

**Inspector Name:**

**Inspector Signature:**

**Date:**

**EST ID:**

**INS #:**

**BFN #:**

---

Public Health Investigations Division
101 West Colfax Avenue, Suite 800 | Denver, CO 80202
p. 720-913-1311 | [email: phicomments@denvergov.org](mailto:phicomments@denvergov.org)

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Appendix B

Affidavit of Lawful Presence in United States

I, ________________________________, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.

- I understand that this sworn statement is required by law because I have applied for a “state public benefit”, as that term is defined under section 24-76.5-102(3), C.R.S. (2016).
- I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this state public benefit.
- I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under section 18-8-503 C.R.S. (2016), and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.
- I understand that Colorado state law requires me to provide one of the following forms of proof that I am lawfully present in the United States prior to receipt of this benefit:

  1. A valid Colorado driver's license or a Colorado identification card issued under article 2 of title 42, unless it has been issued under C.R.S. 42-2-501 et seq. and states “Not valid for federal identification, voting, or public benefit purposes;”
  2. An unexpired Out of State Driver’s License or Identification Card, unless the license or card states that it is not valid for federal purposes;
  3. A valid U.S. Passport with a photo, except for “limited” passports, issued for less than five years;
  4. A valid I-551 Resident Alien/Permanent Resident Card verified by SAVE with a photo;
  5. A United States military card or a military dependent’s identification card;
  6. A U.S. Coast Guard Merchant Mariner card;
  7. A Tribal Identification Card with intact photo;
  8. Any document in LIST A below with an intact photo; or
  9. Any other document listed in 1 CCR 204-30 Section 2.1.3-2.1.6
MUST BE ACCOMPANIED WITH PHOTO ID LISTING NAME AND DATE OF BIRTH

LIST A

1. Copy of Applicant’s birth certificate from any state, the District of Columbia, or all United States territories


3. Certification of Naturalization (N-550 or N-570)

4. Certificate of Citizenship (N-560 or N-561)

5. U. S. Citizen Identification Card (I-197), last issued in 1983, or Form I-179, last issued in 1974

SIGNATURE MUST BE WITNESSED BY NOTARY

Signature of Affiant ___________________________ Date ___________

STATE OF COLORADO ) ) S.S. SEAL

CITY AND COUNTY OF DENVER )

Subscribed and sworn to before me on this _____ day of ____, 20____________________

NOTARY PUBLIC: _________________ My commission expires: _________________

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SECTION

Applicant appeared in person ___________________________

Date _______________
**Appendix C**

*Note: This must be completed and returned to the Denver Fire Department prior to obtaining your license (if you do not have propane on your mobile unit, contact DFD for an exemption letter). In return, you will receive a receipt that will need to be submitted with this packet to obtain a license.*

<table>
<thead>
<tr>
<th>CITY AND COUNTY OF DENVER</th>
<th>POLICY</th>
<th>DENVER FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject: Mobile Retail Food Vendor</td>
<td>IFC-105, 609, 904, 906</td>
<td>Effective Date: May 1, 2018</td>
</tr>
</tbody>
</table>

**MOBILE RETAIL FOOD VENDOR LPG USE/STORAGE PERMIT APPLICATION FORM**

**THIS FORM SHALL BE FILLED OUT AND SIGNED BY A REPRESENTATIVE OF THE SITE APPLYING FOR THE PERMIT(S). IT SHALL BE RETURNED TO THE FIRE PREVENTION DIVISION. MAKE CHECK PAYABLE TO DENVER MANAGER OF REVENUE. A PERMIT WILL NOT BE ISSUED IF THE FORM IS NOT COMPLETE AND ACCOMPANIED WITH A PLAN REVIEW (IF REQUESTED) AND FEE.**

**NAME OF BUSINESS:**

**HOME ADDRESS:** ____________ CITY, STATE, ZIP ____________

**VIN NUMBER:** ____________ LICENSE PLATE ____________

**OWNER NAME:**

**OWNER PHONE NUMBER:** ____________ EMAIL: ____________

**BFN NUMBER:** ____________

**LPG TANK SIZE (20LB, 40LB ETC.):** ____________

**NUMBER OF PROpane CYLINDERS:** ____________

**FEE FOR LPG/PROpane USE:** $185.00

(MAXIMUM OF 2, 40LB CYLINDERS ALLOWED)

**IF REQUESTED, PROVIDE A PLOT DIAGRAM (SKETCH OF VEHICLE OR KIOSK) SHOWING THE LAYOUT OF THE EMERGENCY SHUTOFF FOR EACH CYLINDER, LP-GAS USE/STORAGE AREAS AND CYLINDER STORAGE**


**SIGNATURE:** ____________ **DATE:** ____________

**YOU MAY HAND DELIVER OR MAIL YOUR COMPLETED FORM WITH PAYMENT TO:**

Denver Fire Department · Fire Prevention Division Attn:
Mobile Food Inspections
745 W. Colfax Avenue
Denver, Colorado 80204

**MAKE CHECK PAYABLE TO: DENVER MANAGER OF REVENUE**
Appendix D

Sanitizing Solution

*In Place Sanitizing Solution* shall be mixed at a proper concentration and shall be ready to be used to wipe down food contact surfaces such as cutting boards and tables during any food handling.

### Sanitizing Chemicals

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorine (Bleach)</td>
<td>50-200 PPM</td>
</tr>
<tr>
<td>Quaternary Ammonium</td>
<td>150-500 ppm</td>
</tr>
</tbody>
</table>

### Test Strips

<table>
<thead>
<tr>
<th>Chemical</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorine (Bleach)</td>
<td></td>
</tr>
<tr>
<td>Quaternary Ammonium</td>
<td></td>
</tr>
</tbody>
</table>

### Sanitizer Concentration*

*Sanitizing concentration shall be mixed per manufacturer’s instructions. Provided concentrations are an example of the concentration range for each product.*
Thermometer

Temperature measuring devices shall be capable of reading both hot and cold temperatures, shall have a numerical scale, printed record, or digital readout in increments not greater than 2°F (1°C) that includes the range of 0-220°F, and shall be accurate to +/-2°F of 32°F (1°C). Temperature measuring devices shall be capable and used to determine required Food temperature(s).
Grease Producing/Smoke laden vapor producing equipment**

**These are common examples of grease producing and smoke laden vapor producing equipment and do not include all equipment that requires a hood. If you are unsure whether a hood is required, contact the appropriate department for clarification.

*Note:* Ensure that all equipment is propane powered and *not* natural gas powered.
**How to complete the sink measurements**

<table>
<thead>
<tr>
<th></th>
<th>Length (inches)</th>
<th>Width (inches)</th>
<th>Depth/Height (inches)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand washing Sink</td>
<td>12 inches</td>
<td>10 inches</td>
<td>6 inches</td>
</tr>
<tr>
<td>Three Compartment Sink</td>
<td>18 inches</td>
<td>18 inches</td>
<td>12 inches</td>
</tr>
</tbody>
</table>

^Please provide the dimensions of one of the compartments of the three-compartment sink.
Water tank measurements:

*Standard rectangular tank:*

Example water tank calculations for rectangular tank:

<table>
<thead>
<tr>
<th></th>
<th>Length (inches)</th>
<th>Width (inches)</th>
<th>Height (inches)</th>
<th>Total Gallons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean Water Tank</td>
<td>20 inches</td>
<td>15 inches</td>
<td>13 inches</td>
<td>16.88 gallons</td>
</tr>
<tr>
<td>Waste Water Tank</td>
<td>25 inches</td>
<td>20 inches</td>
<td>13 inches</td>
<td>28.14 gallons</td>
</tr>
</tbody>
</table>


Water tank math:

\[
\text{Length} \times \text{Width} \times \text{Height} = \text{Gallons}
\]

Example:

\[
20 \times 15 \times 13 = 16.88 \text{ Gallons}
\]

Waste water tank must be 15% larger than clean water tank

How to verify waste water tank is 15% larger:

\[
\text{Clean water tank total gallons} \times 1.15 = \text{Required waste water tank}
\]

Example:

\[
16.88 \times 1.15 = 19.41 \text{ gallons required waste water tank}
\]

\[
\text{Current tank} = 28.14 \text{ gallons}
\]

28.14 > 19.41 therefore, wastewater tank is large enough

*Note: For other shaped water tanks, please provide manufacturer’s dimensions and use link to determine gallon size*
Basic Fire Department Requirements for Fire Extinguishers:

1. All food trucks and/or carts shall have an approved fire extinguisher that has been inspected on a yearly basis by a Denver Fire Department licensed fire extinguisher company or,

2. Fire extinguishers bought from a retail store shall have the receipt showing the date of purchase. This extinguisher is good for one year and can then be inspected annually by a licensed inspector.

3. Fire extinguisher shall be a minimum of 2A: 10BC Classification that is mounted to the vehicle in the appropriate bracket.

4. Any solid fuel cooking (including but not limited to wood or wood pellets) shall have a Class K rated fire extinguisher AND a minimum 2A: 10BC class Dry Chemical extinguisher that is mounted to the vehicle in an appropriate 2A: 10BC bracket.
Hood and Fire Suppression System

**Basic Fire Department Requirements for Hood and Fire Suppression Systems:**

1. All hood extinguishing systems shall be inspected every six months by a Denver Fire Department licensed inspection company.

2. Any cooking or re-heating operations that produces grease laden vapors (Including but not limited to Frying of any type) will be required to have a Class I hood installed with an approved Fire Suppression System and a Class K fire extinguisher will also be required to be mounted to the vehicle in an appropriate Class K bracket.
Power Source:

- Rigid Conduit
- GFI Circuits
- Single regulator
- Dual Regulator

### Propane Tank Size Limits

<table>
<thead>
<tr>
<th>Description</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum weight per unit</td>
<td>80lbs</td>
</tr>
<tr>
<td>Maximum weight per propane tank</td>
<td>40lbs</td>
</tr>
<tr>
<td>Maximum propane tanks per unit</td>
<td>2</td>
</tr>
</tbody>
</table>
Power Source Continued:

Basic Fire Department Requirements for Propane:

1. The top of the cage must have a solid cover to protect tank valve.

2. Propane tanks shall be mounted securely to truck or cart by metal strap and must be protected from vehicle impact. Bungee cords and fabric tie down straps are not acceptable to secure Propane tanks (contact the Denver Fire Department for applicable requirements).

3. All propane lines must be installed in accordance with Denver Fire Department policy and NFPA requirements (contact the Denver Fire Department for applicable requirements)