

New Mobile Retail Food Establishment Packet

Complete steps 1-7 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 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:

- **Department of Excise and Licenses:** www.denvergov.org/businesslicensing
- **Department of Public Health & Environment:** www.denvergov.org/healthinspections
- **Fire Department:** www.denvergov.org/fire (reference permits and licensing tab, fire safety permits)
- **Community Planning and Development/Zoning Department:** www.denvergov.org/zoning
- **Department of Transportation and Infrastructure:** <http://www.denvergov.org/doti>

1. Gather the following **BEFORE** submitting the application for review to Excise and Licenses:

- Follow these [instructions](#) if you have propane on your unit to obtain and pay for the fire safety operational permit (Fire Prevention Flammable Operational Permit). If you do not have propane on your unit, email dfdmobiles@denvergov.org for a propane exemption letter.
- Government issued ID** (driver's license, passport, military ID, etc.)
- Mobile retail food establishment plan review application (Pages 2-7)**
- Affidavit of Commissary (Page 8)** with Business Operator and Commissary Operator sections completed.
- Acknowledgement Letter (Page 9/10)** both pages signed and dated
- 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 grainy pictures will not be accepted):
 - Clean water and wastewater tanks
 - Kitchen equipment such as cooking equipment, sinks, and refrigerators
 - Outside of the unit from all sides
- Manufacturer specifications (spec sheets) for all appliances including cooking equipment and refrigeration, if available
- Complete all sections of the packet with a bracket (). If something is not on your mobile unit, please put 'N/A'

2. Submit all items from step 1 to the Department of Excise and License (Dept of EXL) via email or in person:

- **Email:** EXLSubmit@denvergov.org OR
- **In person:** Department of Excise and Licenses (Dept of EXL)

201 Colfax Ave., Suite 206

Denver 80202

3. After submitting the application, the Dept of EXL will issue a record number/license number (Ex: 2023-BFN 1234567)

Do not lose this number; it is your tracking number for the licensing process

4. Pay your invoice for the license

5. Your packet will be reviewed by a representative of the Department of Public Health and Environment (DDPHE). You will be contacted directly by DDPHE within 7-10 business days of submitting the packet to gather additional information or approve the unit for operation. (No physical inspection required)

6. Contact the Denver Fire Department (DFD) via email at dfdmobiles@denvergov.org or by phone at 720-454-6692 to schedule your in-person fire safety inspection.

7. Once unit has been approved by DFD during the physical inspection and remotely by DDPHE, a license will be issued for the mobile unit by Excise and Licenses via email, make sure your email address is legible and accurate.




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

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:

Name (Print) Authorized Signature Title Date

SECTION 2: Basic Information

| | |
|--|----------------------------|
| Name of Mobile Unit: | |
| Legal Entity Name (LLC, Corp., Etc.) | |
| Mailing Address: (city, state, zip) | |
| Business Email: | Phone: |
| Website/Facebook/Instagram: | |
| Responsible/Main Contact Name: | % owned: |
| Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Other: _____ | |
| Home Address: (include city, state, zip) | |
| Email: | Phone: |
| Partner's Contact Name: | % owned: |
| Home Address: (include city, state, zip) | |
| Email: | Phone: |
| Partner's Contact Name: | % owned: |
| Home Address: (include city, state, zip) | |
| Email: | Phone: |
| MOBILE FOOD ESTABLISHMENT VEHICLE INFORMATION | |
| Vehicle Identification Number (VIN): | |
| Make and Model of Vehicle: | Permanent License Plate #: |
| Type of unit: <input type="checkbox"/> Truck  <input type="checkbox"/> Trailer  <input type="checkbox"/> Cart  | |
| Was this unit previously licensed in the City and County of Denver? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, what was the previous name of the unit: | |

SECTION 3: Equipment Information:

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 you said yes to the last two questions, skip this page and move to **SECTION 5: Menu**

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

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

| | | | | | | | |
|-----------------------|--|-----------------|--|-----------------------|--|------------------|--|
| Hand Washing Sink | | Refrigerator(s) | | Fryer | | Vertical Broiler | |
| 3-Compartment Sink | | Freezer(s) | | Flat Top/Griddle | | Other: | |
| Food Preparation Sink | | Steam Table(s) | | Grill | | Other: | |
| Mop/Dump/Utility Sink | | Hot Box(es) | | Stove (2/4/6 burners) | | Other: | |

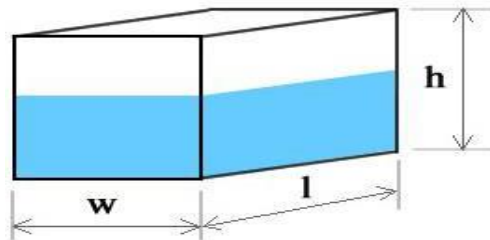
Hand washing sink measurements:

Length (inches) _____ Width (inches) _____ Height/Depth (inches) _____

SECTION 4: Water System

I understand I must ALWAYS have hot water measuring 100-120F when food handling on my unit

| | Length (l) | Width (w) | Height (h) | Total Gallons |
|--|------------|-----------|------------|---------------|
| <u>Clean water</u> tank measurements (in inches) | | | | |
| <u>Grey/dirty water</u> tank measurements (in inches) | | | | |



If the water tank(s) are not square/rectangle in shape, what is their shape: _____

Please calculate the tank size(s) using this [online calculator](#) to determine gallons and write in boxes above.

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 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](#).

| | | | |
|------------------------|---|---|---|
| <u>Example:</u> | <u>Appetizers</u> Ceviche* Nachos Oysters* | <u>Breakfast</u> Scrambled Egg skillet Eggs Benedict* Pancakes | <u>Lunch</u> Chicken tacos Hamburger* Chicken Caesar Salad* |
|------------------------|---|---|---|

*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:

| Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Start time | | | | | | | |
| End time | | | | | | | |

Name of supplier(s) where food will be purchased (Ex: Sam’s Club, Restaurant Depot, etc.): _____

Where will you wash dishes? 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:

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):

- Food 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

SECTION 7: Operating Location

Where do you plan to sell food? *(Please check all applicable boxes and complete corresponding charts below)*

- Route**, where you go from location to location and make frequent stops during your operation hours
- Single Location(s)**, such as breweries, a tire shop, parking lot, a meter downtown, office building, etc.^
- Event(s)**, such as Civic Center Eats, Taste of Colorado, Farmer’s Markets, etc.

| Operating Address(es) or Event | Days of Operation | Hours of Operation |
|---|----------------------|-------------------------|
| <i>Ex: Bob’s Plumbing at 40th and Steele</i> | <i>Monday-Friday</i> | <i>10:15-10:30 a.m.</i> |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Circle the months of the year you plan to operate your mobile unit?

| | | | | | | |
|-----------------------|----------------|-----------------|------------------|----------------|-----------------|-----------------|
| All Months | January | February | March | April | May | June |
| | July | August | September | October | November | December |

ADVISORY

Some Denver addresses are in unincorporated areas and therefore are regulated by different health departments and require the license/permit for those counties. 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?

| | |
|---------------------|-----|
| Name (of business): | |
| Address: | Zip |
| Name (of business): | |
| Address: | Zip |

SECTION 9: 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? _____

Mobile Affidavit of Commissary

Completed by Business Operator

Business Name: _____ Business LLC/CORP: _____
 Owner/Operator's Name: _____
 Operator's Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Operator's Email: _____ License Plate: _____
 Operator's Telephone Number: _____ CBD Products (Y / N)?: _____

Weekly Commissary Schedule (Put N/A on days you don't work at the commissary):

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Start Time | | | | | | | |
| End Time | | | | | | | |

When you registered your time at the commissary, what method do you use:

Sign-in sheet Electronic Punch Other: _____

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.

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

Signature of Proposed Business Operator _____
Date

Completed by Commissary Operator

Commissary Name: _____ Operator's Name: _____
 Commissary Address: _____ Telephone Number: _____
 Commissary is regulated by: Denver Jefferson County Tri-County Other: _____
 Commissary Email Address: _____
 Commissary Agreement: *Start Date:* _____ *End Date:* _____

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Cold storage | <input type="checkbox"/> Grease Disposal | <input type="checkbox"/> Drinking/potable water hose | <input type="checkbox"/> Dish washing |
| <input type="checkbox"/> Dry storage | <input type="checkbox"/> Food preparation tables | <input type="checkbox"/> Mobile unit storage | <input type="checkbox"/> Cooking equipment |
| <input type="checkbox"/> Clean water/ water disposal | <input type="checkbox"/> Ice machine | <input type="checkbox"/> Food preparation sink | <input type="checkbox"/> 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

Retail Mobile Food Establishment Acknowledgement Letter

In an effort to inform operators of common issues that take place on mobile retail food establishments, the Department would like to advise you of the following requirements that, if not followed, may significantly increase the possibility of foodborne illness of your patrons and *may* result in enforcement action:

Operating Requirements:

- 1) Hand washing sink with hot and cold water under pressure
 - a. Hot water must be at least 100⁰F within 30 seconds of activation for adequate hand washing
- 2) Soap and single-use towels at all times
 - a. Hand sanitizer is not a substitute for hand washing
- 3) Utilizing approved commissary when necessary for these following tasks, including but not limited to:
 - a. Food preparation and storage
 - b. Obtaining clean water and disposing of gray water
 - c. Washing and sanitizing dishes and equipment

_____ ***I acknowledge and will adhere to all operating requirements***

Instances Causing a Food Truck Closure

- Operating with an **imminent health hazard** includes, but is not limited to:
 - Operating without a means to properly wash hands
 - Including a functioning hand washing sink, adequate hot water, soap or paper towels
 - Selling food that is prepared and/or stored somewhere other than the approved commissary
 - Food for sale on the mobile unit *must not* be prepared and/or stored in a private home
 - Operating in any manner that seriously compromises the safety of foods served

_____ ***I acknowledge and understand instances that may cause a closure of my food truck***

Fines or Court Summons

1. Repeated critical violations of the same type in a 12-month period (fines up to \$1000)
2. Lack of evidence of proper licensing (court summons)
 - Each food truck or cart shall be individually licensed
3. Operating with an imminent health hazard (a fine up to \$2000)
4. Failure to comply with an order issued by the Department (court summons)

_____ ***I acknowledge and understand instances that will cause me to receive a fine or court summons***

As a representative, owner, or operator of a mobile food establishment within the City and County of Denver, I understand that I am responsible for complying with the City and County of Denver Food Establishment Rules and Regulations, Chapter 23 - Denver Revised Municipal Code, which can be found at www.denvergov.org/phi.

Food Truck/Trailer/Cart Name

Date

Your Name

Position with Business

Retail Mobile Food Establishment Acknowledgement Letter (Visual)

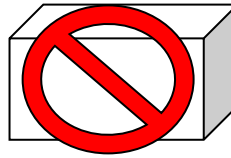
Do not use your home for food storage, cooking, cooling, or washing dishes.
Use your commissary for all mobile unit operations!



You must have hot running water between 100-120F at all times.
Do not operate if you do not have water or your pipes are frozen!



You must have full water tanks to operate. Do not operate if your tanks are frozen, not filled for adequate operational hours, or empty.



You must have sanitizing solution prepared while operating.
Do not put soap into your sanitizing solution!
Quaternary Ammonium (150-400ppm), Bleach and Water (50-200ppm) or Purell Surface Sanitizer



 I acknowledge and understand the above situations may require my business to close.

 I acknowledge and understand the above situations may result in my business receiving a fine.

Food Truck/Trailer/Cart Name

Date

Your Name

Position with Business

Sanitizing Solution Guidance

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

Chlorine (Bleach)




Quaternary Ammonium




Test Strips

Chlorine (Bleach)



Quaternary Ammonium



Sanitizer Concentration*

Chlorine (Bleach): 50-200 ppm

Quaternary Ammonium: 150-500 ppm

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

Thermometers:

Required on every unit that is handling/storing/handling foods requiring temperature controls

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).

Digital Thermometers



Dial Stem



Water Tank Guidance:

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.

Wastewater 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 wastewater.

****Wastewater tank must be 15% larger than clean water tank**

How to verify wastewater tank is 15% larger:

Clean water tank total gallons * 1.15 = Required wastewater tank size

Example:

Required wastewater tank = 16.88 * 1.15 = 19.41 gallons

Current wastewater tank size = 28.14 gallons

28.14 > 19.41 therefore, **wastewater tank is large enough**

***Note:** For other shaped water tanks, please provide manufacturer's dimensions and use this [online calculator](#) to determine gallon size