

## Renewal 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](http://www.denvergov.org/businesslicensing)
- **Department of Public Health & 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 Transportation and Infrastructure:** <http://www.denvergov.org/doti>

**1. Gather the following BEFORE submitting this renewal packet 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](mailto:dfdmobiles@denvergov.org) for a propane exemption letter.
  - Renewal Questionnaire (Pages 2)**
  - Affidavit of Commissary (Page 3)** with Business Operator and Commissary Operator sections completed.
  - Acknowledgement Letter (Page 4/5)** 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 mobile unit from all sides
  - Manufacturer specifications (spec sheets) for all appliances including cooking equipment and refrigeration, if available
  - Complete all sections of the packet. 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](mailto:EXLSubmit@denvergov.org) OR
  - **In person:** Department of Excise and Licenses  
201 Colfax Ave., Suite 206  
Denver 80202
3. After submitting the application, the Dept of EXL will issue a receipt.
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](mailto: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***

# Renewal Questionnaire

Name of Mobile Unit: \_\_\_\_\_ License Plate: \_\_\_\_\_

Business File Number (BFN): \_\_\_\_\_ VIN: \_\_\_\_\_

Type of unit:

Truck



Trailer



Cart



Preferred Language:  English

Español

Other \_\_\_\_\_

Operator's Name: \_\_\_\_\_

Operator's Phone: \_\_\_\_\_ Operator's Email: \_\_\_\_\_

Operator's Mailing Address: \_\_\_\_\_

Where do you plan to sell food? (Please check all applicable boxes and complete corresponding chart 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 40<sup>th</sup> and Steele</i>	<i>Monday-Friday</i>	<i>10:15 am-1:30 pm</i>

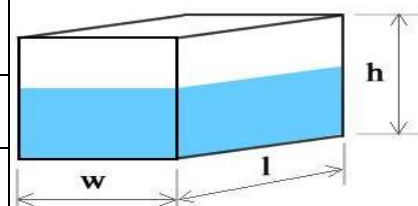
Have you added, removed, or changed anything including equipment, on the unit?  YES  NO

If yes, what? \_\_\_\_\_

Indicate, using numbers, how many pieces of equipment are on the unit: (ex: <u>1</u> hand washing sink, <u>2</u> Fryers, <u>1</u> 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:
The mobile unit has no cooking equipment, and all foods are pre-packaged						<input type="checkbox"/> YES <input type="checkbox"/> NO

Please calculate the water tank size(s) using this [online calculator](#) and complete boxes below:

	Length (l)	Width (w)	Height (h)	Total Gallons
Clean water tank measurements (in inches)				
Dirty water tank measurements (in inches)				



# 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 of Mobile Unit: \_\_\_\_\_

Operator's Telephone Number: \_\_\_\_\_ CBD Products (Y / N)?: \_\_\_\_\_

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Start Time</b>							
<b>End Time</b>							

How do you record your time at the commissary?  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 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. **Only select what applies:**

- |  |  |  |  |
|--|--|--|--|
| <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:

- Hand washing sink with hot and cold water under pressure
  - Hot water must be at least 100<sup>0</sup>F within 30 seconds of activation for adequate hand washing
- Soap and single-use towels at all times
  - Hand sanitizer is not a substitute for hand washing
- Utilizing approved commissary when necessary for these following tasks, including but not limited to:
  - Food preparation and storage
  - Obtaining clean water and disposing of gray water
  - 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](http://www.denvergov.org/phi).

\_\_\_\_\_

Food Truck/Trailer/Cart Name

\_\_\_\_\_

Date

\_\_\_\_\_

Your Name

\_\_\_\_\_

Position with Business

## Retail Mobile Food Establishment Acknowledgement Letter (Visual)

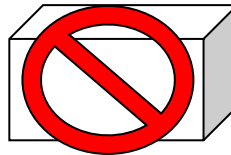
**Do not use your home for food storage, cooking, cooling, or washing dishes.  
Use your commissary for all mobile unit operations!**



**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

## **Include Photos of Mobile Unit Below:**

***Inside of Unit: Include photos of cooking equipment, refrigerators, and sinks.***

***Outside of Unit: Passenger's side, Driver's side, Front, and Back (with license plate)***