

Retail Mobile Food Establishment Plan Review Packet

Instructions:

1. Complete sections 1-8, the Affidavit of Commissary (page 7) and the acknowledgement letter (pages 8-9)
2. Submit the packet to the Department of Excise and Licenses (EXL) when applying for your [Retail Food-Mobile Retail Food Establishment License](#)
3. The Department of Public Health and Environment (DPHE) will receive this packet from EXL for review
4. If additional information is needed, a representative from DPHE will reach out to the operator within 10 business days of submitting to EXL
5. Once everything is approved in this packet, DPHE will approve their portion of the business license
6. Operator is required to complete all other approvals from Denver Fire Department and obtain their business license prior to selling food in Denver.

Please note that a propane permit IS NOT your business license

SECTION 1: Basic Information

Trade Name of Mobile Unit: _____																		
Operator's Name: _____																		
Operator's preferred method of contact: <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____																		
Preferred Language to communicate with Operator: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____																		
<input type="checkbox"/> I am applying for a NEW License <input type="checkbox"/> I am RENEWING my existing license: 20__ - BFN-____																		
Was this unit previously operated in Denver by another owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the previous name of the unit (if known): _____																		
Do you own and/or operate any other mobile units in the City and County of Denver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete chart below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Mobile Unit Name</th> <th style="width: 33%;">Mobile Unit BFN</th> <th style="width: 33%;">Type of Unit (Truck, Cart, Trailer)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Mobile Unit Name	Mobile Unit BFN	Type of Unit (Truck, Cart, Trailer)															
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Note: Each unit must have their own license. Licenses are NOT transferable.																		

SECTION 2: 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 4: 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: <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/Charbroiler		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) _____

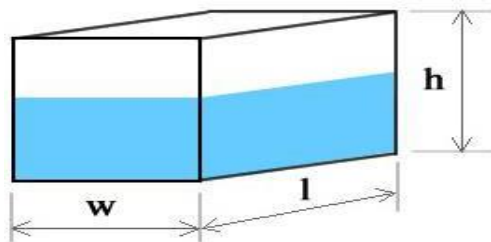
SECTION 3: Water System

I understand I must ALWAYS have hot water measuring 85F-120F when food handling on my unit

Provide Measurements in INCHES	Length (L)	Width (W)	Height (H)	Total Gallons
<u>Clean water</u> tank measurements				
<u>Grey/dirty water</u> tank measurements				

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 4: 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](#).

Example:	<u>Appetizers</u> Ceviche* Nachos Oysters*	<u>Breakfast</u> Scrambled Egg skillet Eggs Benedict* Pancakes	<u>Lunch</u> Chicken tacos Hamburger* Chicken Caesar Salad*
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*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 5: Commissary Usage and Food Preparation

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

Please write the hours you plan to use the commissary under the days you will go 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
- Dry goods (single-use wares, spices, etc.) 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 6: Operating Location and Hours

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 right of way requirements.

Check the box next to each month(s) of the year you plan to sell/serve food from your mobile unit?

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> 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 7: 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

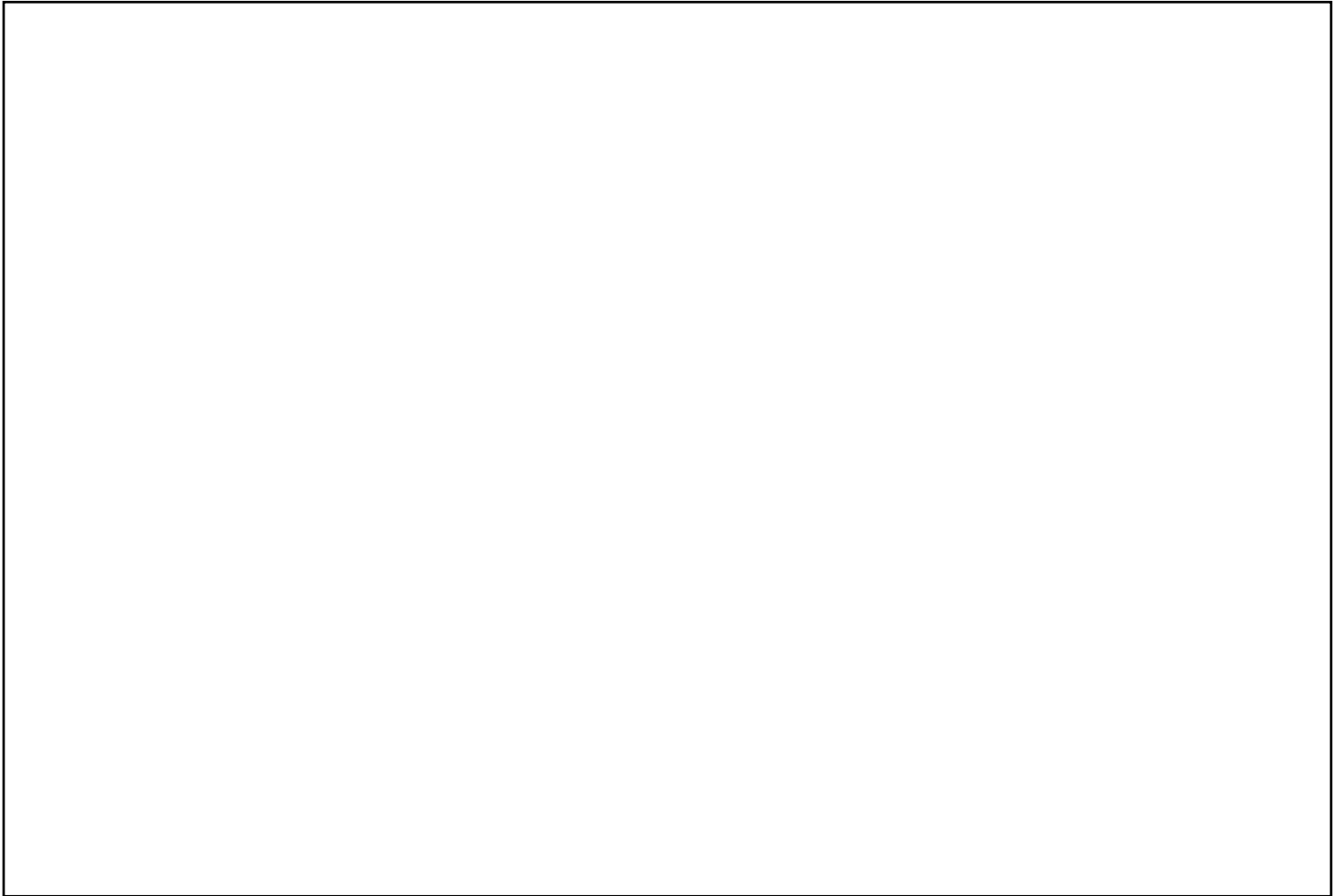
Where are the nearest restrooms to the intended area of operation that will be utilized by employees?

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

SECTION 8: 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? _____

Affidavit of Commissary

License Type: Caterer Commissary Based Operation Mobile Peddler Temporary Wholesale

Completed by Business Operator

Business Name/Trade Name: _____ Business Entity (LLC, INC): _____

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.

- ❖ I will submit a new affidavit for approval if I change the commissary listed below.
- ❖ I will not use my home to store or prepare food.
- ❖ I understand that not using my commissary may result in fines or disposal of food.

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 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"/> Refrigerator/Freezer Storage | <input type="checkbox"/> Grease Disposal | <input type="checkbox"/> Drinking/potable water hose | <input type="checkbox"/> Dish washing |
| <input type="checkbox"/> Non-Refrigerated Food 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.

- ❖ I will notify the Health Department if the vendor stops using this facility.
- ❖ I will maintain logs/records for when the operator uses my facility.
- ❖ I understand that not following the rules and regulations for commissaries may result in fines and I may lose my ability to act as a commissary.

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

Signature of Commissary Operator _____
Date

Retail Mobile Food Establishment Acknowledgement Letter

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 100°F 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)

Use your commissary for all mobile unit operations.

Mobile unit operations include: cooking, cooling, reheating, washing fruits/veggies, cutting, marinating, washing dishes, food storage and obtaining clean water/dumping wastewater



Daily Commissary Activity Log

Company Name: _____
 Month and Year: _____

Date	Time	Obtain Clean Water	Dump Gray Water	Food Preparations	Pre-serve Washing	Cooking/ Cooling	Food Storage	Truck Storage	Other (Describe)
1/1/00	9:30a	x		x			x		

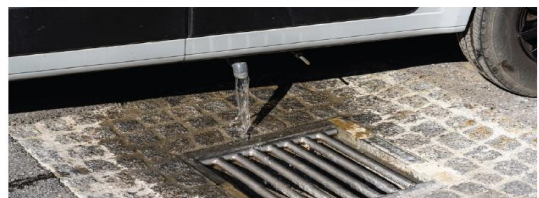


**You must have hot running water between 85° F - 120° F at all times.
 Stock your sink with soap and single-use paper towels.**



EXTRA TIP!

**Fill your clean water tank at your commissary before you begin operating.
 In colder months, empty your tank at night to prevent freezing.**



_____ ***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

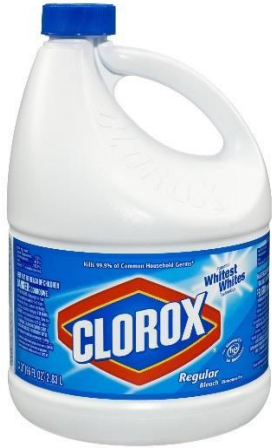
 Position with Business

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