



## Request for Retail Food Establishment License

Thank you for notifying Boulder County Public Health (BCPH) about your plans to begin operation or change ownership of a retail food establishment, catering operation, or mobile unit. The following pages include a list of common items to be addressed before a retail food license can be issued.

**If you plan to extensively remodel the facility, change menu items, or change equipment a plan review may be required.** "Extensively remodeled" is defined in Section 1-202 (18) of the Colorado Retail Food Establishment Rules and Regulations and includes:

- Increase in seating capacity by 20%.
- Change or alteration made in the nonpublic areas that result in an increase/reduction of total space by 25% or more.
- Alteration that requires a building permit by local authorities.
- Change that affects the facility's capability to handle food and utensils in a sanitary manner and create potentially hazardous conditions.

**If your plans meet this definition, please go to [www.BoulderCountyFood.org](http://www.BoulderCountyFood.org) and download the "Retail Food Facility Plan Review" packet or call our office at 303.441.1564 to request a plan review packet.**

BCPH's team is committed to providing excellence in technical assistance and customer service. Information about the requirements of operating a Retail Food Establishment can be found in the *Colorado Retail Food Establishment Rules and Regulations*, available on our website at [www.BoulderCountyFood.org](http://www.BoulderCountyFood.org).

### **Resources included in this packet:**

- Appendix A: Sample facility floor plan
- Appendix B: Minimum requirements for retail food establishment license approval
- Appendix C: Worksheet for Calculating Minimum Hot Water Requirements
- Appendix D: Commissary Agreement (may need to submit if mobile unit, caterer, retail food processor)

**Please provide a copy of your menu and as much detail as possible about your operation.** The information you provide will determine if your food handling techniques are consistent with proper food safety. It is important that proper food safety procedures are implemented from the start of operation since the majority of foodborne illness outbreaks are attributed to errors in food handling (e.g., improper cooling, reheating, etc.).

Onsite wastewater treatment systems and non-community and private water supplies are permitted separately. For more information about these requirements contact **Boulder County Public Health at 303.441.1564.**

**Application Checklist:** These items **must** be submitted in order to begin the application review process. Check off (✓) items as they are completed. If an item is not applicable to construction, write N/A. **An incomplete application will delay the inspection and approval process.**

- \_\_\_\_\_ Request for License Application completed and signed (pgs. 1-2)
- \_\_\_\_\_ Food Handling Information completed (pgs. 3-4)
- \_\_\_\_\_ Floor plan (pg. 5); Note: Floor plan must be drawn to scale on minimum 8.5 x 11" paper
- \_\_\_\_\_ Commissary agreement, if applicable (pgs 11-12)
- \_\_\_\_\_ Copy of menu
- \_\_\_\_\_ Copy of Colorado sales tax number

If you don't have plans to remodel, please complete the enclosed Request for License application to:

Boulder County Public Health  
Environmental Health Division  
3450 Broadway  
Boulder, CO 80304  
Fax: 303.441.1468  
Phone: 303.441.1564

The inspection fee (\$107) and the retail food license fee (fee amount depends on type of facility and seating capacity) must be paid at time of inspection.

**Any construction or installation of equipment is subject to final inspection and approval. Please contact our office at 303. 441.1564 for license approval before operating.**

Good luck in your endeavor. We look forward to working with you!

# Request for Retail Food License Application

**Please select the option that best applies to you.**

I am applying for a request for license for:

- Change of Owner for a Restaurant (previously licensed as a restaurant by someone other than you)
- Change of Owner for a Mobile Unit (previously licensed mobile by someone other than you)
- Change of Owner for a Catering Operation (previously licensed caterer by someone other than you)
- New Mobile Unit (prepackaged foods only)
- New Catering Operation (operating out of existing commercial kitchen)
- Retail Processing Operation (operating out of existing commercial kitchen)

**Name of Existing Facility (for owner change):** \_\_\_\_\_

**Name of New Facility:** \_\_\_\_\_

Address: \_\_\_\_\_ Suite / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Name under which the license is to be issued:**

Individual(s) or Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Principle Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_ Suite / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

**Facility Status:**

Date of owner change (if applicable): \_\_\_\_\_

Date of expected opening or operation: \_\_\_\_\_

**Seating Capacity:** Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_ Total: \_\_\_\_\_

Total square footage of facility: \_\_\_\_\_ Sq. Ft.

Total square footage of food preparation and storage areas: \_\_\_\_\_ Sq. Ft.

**Type of Ownership:** (as indicated on your Colorado Business/Sales Tax Registration)

- Individual (if sole proprietor, you must complete a Public Benefit Affidavit and provide an approved form of identification)
- General Partnership
- Limited Partnership
- Limited Liability Company
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Corporation
- "S" Corporation
- Association
- Estate
- Government
- Joint Venture
- Trust
- Non-profit 501(c)(3) (please enclose copy of IRS letter of exemption)
- Other: Non-profit

**Structural or equipment changes being made to this facility** (use additional sheets if necessary): \_\_\_\_\_

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**Maximum Number of Meals Served:** Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

**Employees:** Maximum number per shift: \_\_\_\_\_

**Seasonal operation:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, dates of operation: \_\_\_\_\_

**Days of operation:** \_\_\_\_\_

**Hours of operation:** \_\_\_\_\_

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

**Public Health Use Only**

Restaurant		Fee 0131		No Fee 0132		SR #

Application Fee	IN #	Receipt #
Plan Review Fee	IN #	Receipt #

## I. Food Handling Information

Attach additional paper as needed when listing foods and describing procedures.

### A. Menu and Facility Management

1. Submit a menu or list of foods to be served. Plans will not be approved without a menu.
2. Do you have a food handling procedures manual or Hazard Analysis Critical Control Point (HACCP) plan that describes preparation, cooling, reheating, cooking of foods, and the handling of leftovers?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Will vacuum packaging be conducted in the establishment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide the required HACCP Plan for each category of food to be vacuum packaged.
4. Describe the food safety training the person in charge has received. Describe the food safety training plan for employees.

### B. Personnel Hygiene

5. Describe how employees will prevent direct bare hand contact with food.  
*Bare-hand contact of ready-to-eat foods (i.e. no further cook step will be done) is prohibited. Physical barriers (e.g. tongs, spatulas, bakery papers, and gloves) are required when handling ready-to-eat food.*
6. Describe the handwashing policy (e.g. where and when handwashing will occur).
7. Describe the ill employee policy (including policy for cuts and burns).

### C. Food Safety Procedures

8. List the foods that will be cooled and describe your methods for cooling foods to 41°F (5°C) or below (note: hot foods must be cooled from 135°F to 70°F in 2 hours and then from 70°F to 41°F in 4 hours and room temperature foods must be cooled from 70°F to 41°F within 4 hours).
9. List the foods that will be reheated and describe your method for rapidly reheating to 165°F (74°C) or above (note: food must reach 165°F within 2 hours).

10. List the foods that will be held hot and indicate how these foods will maintain a temperature of 135°F (60°C) or above.
  
11. List the foods that will be held cold and indicate how these foods will maintain a temperature of 41°F (5°C) or below.
  
12. How will food temperatures be monitored?
  
13. How will frozen foods be thawed?
  
14. Will raw meats, poultry, and seafood be stored/displayed in the same refrigerator(s) and freezer(s) with cooked, ready-to-eat foods? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how will they be stored to prevent cross-contamination?
  
15. How will raw meats, poultry, and seafood be prepared to prevent cross-contamination with other foods?
  
16. Where will produce be washed?
  
17. Will catering be conducted? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Will food be transported or delivered to another location? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what equipment will be provided to maintain food at proper temperatures during transport?
  
19. Describe cleaning and sanitizing procedures for utensils and food preparation equipment (including slicers, prep tables, cutting boards, sinks, etc.).

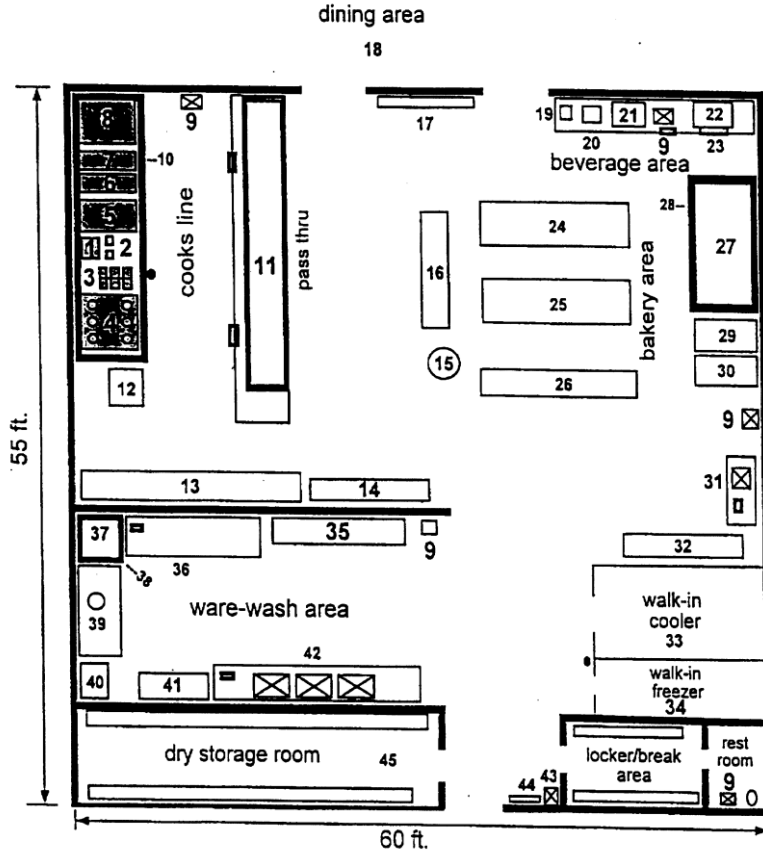
## II. Facility Floor Plan

Provide the following information based on your floor plan. Submit the floor plan drawn to scale. See Appendix A for a sample floor plan. The floor plan must include location and identification of **all equipment and areas** including:

1. Sinks:
  - a. Handsink(s): Number provided, including in restrooms: \_\_\_\_\_
  - b. Food preparation sink(s): Number provided: \_\_\_\_\_
  - c. Mop sink(s): Number provided: \_\_\_\_\_
  - d. Dump sink(s): Number provided: \_\_\_\_\_
  - e. Warewashing (three-compartment) sink(s): Number provided: \_\_\_\_\_
2. Wait station(s): Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
3. Toilet facilities: Required
4. Dry food storage area(s): Required
5. Employee locker/storage area(s): Required
6. Chemical storage area(s): Required
7. Water heater: Required
8. Bar service area(s): Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
9. Indoor and outdoor seating: Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
10. Outdoor cooking or bar area(s): Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
11. Laundry facilities - Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
12. Recycle/damaged/returned goods location: Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
13. Floor sinks and floor drains: Required
14. Grease interceptor or grease trap? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, indicate the location and contact the local wastewater authority for sizing information and any required permits.
15. Ice bins / ice machines: Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
16. Dipper wells: Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_
17. Chemical dispensing units: Number provided: \_\_\_\_\_ Not applicable: \_\_\_\_\_

# Appendix A

## Sample Facility Floor Plan



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|--|--|
| <ul style="list-style-type: none"> <li>24. Bakers table</li> <li>25. Bakers table</li> <li>26. Shelving unit</li> <li>27. Bake oven (JAM #33)</li> <li>28. Hood, type II (Ezair #35)</li> <li>29. Proof cabinet (ABC #T2)</li> <li>30. Proof cabinet (ABC #T2)</li> <li>31. Vegetable prepsink &amp; 18" drain board</li> <li>32. Stainless prep table</li> <li>33. Walk-in cooler (COLD #AZ1)</li> <li>34. Walk-in freezer (COLD #AZ3)</li> <li>35. Drying shelf</li> <li>36. Clean drainboard</li> <li>37. Dishmachine (Magic #15)</li> <li>38. Hood, type II (Ezair #17)</li> <li>39. Dirty drain board w/ spray hose, &amp; garbage disposal</li> <li>40. Dirty dish rack</li> <li>41. Drying shelf</li> <li>42. 3-comp. sink w/ 36" drain boards</li> <li>43. Mop sink</li> <li>44. Chemical storage shelf</li> <li>45. Shelving</li> <li>46. Floor sink/Floor drain</li> </ul> | <ul style="list-style-type: none"> <li>1. Cheese melter (ABC #123)</li> <li>2. Microwave (XYZ #34)</li> <li>3. Steam table (HOT #A1)</li> <li>4. Stove (AOK #22)</li> <li>5. Griddle (AOK #Q17)</li> <li>6. Fryer (ABC #55)</li> <li>7. Fryer (ABC #55)</li> <li>8. Charbroiler (HOT #A7)</li> <li>9. Hand sink</li> <li>10. Hood, type I (Ezair #99)</li> <li>11. Refrigerator/freezer make-table unit with pass-thru and shelf. (Cold #10)</li> <li>12. Stainless steel table</li> <li>13. Sliding 3 door refrigeration unit (Cold #12)</li> <li>14. Shelving unit</li> <li>15. Mixer (XYZ #q23)</li> <li>16. Shelving unit</li> <li>17. Bread shelving racks</li> <li>18. Dining area</li> <li>19. Coffee maker (ABC #16)</li> <li>20. Tea maker (ABC #87)</li> <li>21. Soda machine (PDQ #2A)</li> <li>22. Espresso machine (ABC #5)</li> <li>23. Under counter refrigeration unit (COLD #A3)</li> </ul> |
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## Appendix B

### Minimum Requirements for License Approval

- **Handwashing Sinks.** Handwashing sinks are conveniently located for use by all employees involved in food and utensil handling. Hand sinks are accessible to employees at all times and used only for handwashing. Hand sinks are supplied with hot and cold water, as well as with soap and paper towels.
- **Thermometer.** A thin probe thermometer is provided, capable of registering 0-220°F and calibrated and accurate to  $\pm 2^\circ\text{F}$ . This thermometer is used frequently to test and ensure that refrigerated potentially hazardous foods are held at  $41^\circ\text{F}$  or lower, and hot potentially hazardous foods are held at  $135^\circ\text{F}$  or higher, as required.
- **Refrigerator Units.** All new and existing refrigeration units are capable of holding food at  $41^\circ\text{F}$  or below and are equipped with conspicuous thermometers located in the upper  $\frac{1}{3}$  of the unit and accurate to  $\pm 2^\circ\text{F}$ .
- **Sanitizer.** Sanitizer test kits are provided for all sanitizers in use at the facility.
- **Equipment.** All equipment is of commercial design and approved by the National Sanitation Foundation (NSF), Underwriters Laboratories (UL), sanitation standards, Environmental Testing Laboratories, Inc. sanitation standards, Baking Industry Sanitation Standards Committee (BISSC), or other comparable design criteria approved or equivalent. All used equipment is in good repair and operating according to current regulatory standards. Any domestic equipment, including but not limited to, domestic refrigerator or freezer, domestic stove/oven, food processor, or enamelware pans are removed and/or replaced with equipment of commercial design.
- **Food Prep Sink.** A separate food preparation sink with a minimum of one self-draining drain board is required, based on menu. The sink is provided with hot and cold running water and an indirect drain to sewer.
- **Utility Sink.** In new or extensively remodeled retail food establishments, at least one conveniently located utility sink or curbed cleaning facility with a floor drain and hot/cold water is used for the cleaning of mops or similar wet floor cleaning tools, and for the disposal of mop water or similar liquid wastes. The use of hand washing lavatories, ware washing, or food preparation sinks for this purpose is prohibited. In existing facilities, mop water is disposed of into the sanitary sewer either by a floor sink, sanitary drain, or toilet.
- **Beverage Dispensing.** All beverage-dispensing units are equipped with approved backflow prevention devices. Any discharge from these devices is directed to a floor sink or floor drain. All threaded faucets are equipped with adequate backflow prevention devices.
- **Toilet.** Separate toilet facilities are available for both genders in establishments with seating capacity greater than 15 patrons or more than 15 employees. Employees and patrons may use the same toilet facility, provided that patrons have access to them without entering the food preparation, food storage, ware washing, or utensil storage areas of the establishment.
- **Storage Areas.** Separate storage areas are available for toxic items and chemicals so that these items will not contaminate food, utensils, or any other equipment involved in food preparation.
- **Construction.** All floors, walls, and ceilings are smooth, non-absorbent, and easily cleanable. Floor-wall junctures are coved and sealed.

# Appendix C

## Worksheet for Calculating Minimum Hot Water Requirements

**Note: If you plan to use an instantaneous hot water heater (i.e. tankless), please contact Boulder County Public Health for information about instantaneous water heater sizing and installation requirements.**

Use this worksheet to help calculate the hot water usage and the necessary **tank type** water heater size for your operation.

### Step 1: 3-Compartment Sink

1. Measure dimensions of each compartment, if all three compartments are not the same dimensions, see note below.

Length = \_\_\_\_\_ Width = \_\_\_\_\_ Depth = \_\_\_\_\_

2. Insert measurements into this equation:

$$\left( \frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times 3 \times 0.375 \right) \div 231 = \text{water usage (gph)}$$

Note: If all compartment sizes of the sink are not the same, then take (x 3) out of the equation, do the above calculation for each compartment, and then add the volumes to get the total gallons per hour of hot water used in the sink.

*Enter total water usage (gph) into attached "Required Water Calculation Table" for "3 compartment sink"*

### Step 2: Utensil Soak Sink

1. Measure dimensions of sink

Length = \_\_\_\_\_ Width = \_\_\_\_\_ Depth = \_\_\_\_\_

2. Insert measurements into this equation:

$$\left( \frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times 0.375 \right) \div 231 = \text{water usage (gph)}$$

*Enter total water usage (gph) into attached "Required Water Calculation Table" for "Utensil soak sink"*

### Step 3: Dish Machine and Conveyor Pre-Rinse Water Usage

Use manufacturer's rating in gallons per hour

*Enter manufacturer's rating (gph) into attached "Required Water Calculation Table" for "Dish machine"*

### Step 4: Laundry Machine Water Usage

Use manufacturer's rating, or 32 GPH for 9-12 pound washer, or 42 GPH for 16-pound washer.

*Enter manufacturer's rating (gph) into attached "Required Water Calculation Table" for "Laundry machine"*

**Step 5:** Enter water usage totals in the appropriate rows and columns in the table on the following page.

**Step 5:** On the table on the next page, enter water usage totals into the appropriate rows and columns.

## Required Water Calculation Table

1. Enter the gallon per hour (gph) rating for each type of fixture and the number of fixtures in the operation in the table below. Multiply these two numbers to calculate "maximum hourly water usage" for each fixture.
2. Add up the "maximum hourly water usage" amounts in the right column to calculate "total water required by all fixtures" in the operation.
3. Enter the "total water required by all fixtures" into the equations on the next page (for gas water heater or electric water heater) to determine the necessary hot water rating for your operation.

Plumbing Fixture	Water usage (gallons per hour)	Number of fixtures	Maximum hourly water usage per type of fixture (gallons per hour)
<i>Example: dish machine</i>	<i>50</i>	<i>1</i>	<i>50</i>
<i>Example: hand sinks</i>	<i>5</i>	<i>4</i>	<i>(5 × 4) = 20</i>
3-compartment sink			
3-compartment sink (bar)			
Utensils soak sink			
Dish machine			
Dish machine conveyor pre-rinse			
Laundry machine			
Hand operated pre-rinse sprayer	32		
Hand sinks (including restrooms)	5		
Mop sink	7		
Garbage can washer	35		
Employee showers	14		
Hose bib used for cleaning	35		
<b>Total water (gph) required by all fixtures</b>			

## Required Tank-Type Water Heater Size

### Option A: Gas Water Heater

**Step 1:** Adjust the total water required by all fixtures (from Required Water Calculation Table) for the altitude of the facility. The altitude adjustment is 4% per 1000 feet of elevation, or 20% for 5000 feet)

Use this formula to calculate elevation adjusted water demand.

$$(0.04 \times \frac{\text{elevation of facility}}{1000} + 1) = \text{adjustment factor}$$

**Step 2:** Using the adjustment factor from above, calculate the hourly hot water usage.

$$\frac{\text{adjustment factor}}{\text{adjustment factor}} \times \frac{\text{total water (gph) required}}{\text{total water (gph) required}} = \text{max hourly hot water usage}$$

*\*For example, if the elevation of a facility is 5000 feet, the adjustment factor would be 1.2. If the total water required by all fixtures (gph from the previous table) is 100 gph, then the maximum hourly hot water usage would be 120. Therefore, a water heater with 120 gph recovery rate would be required for the facility.*

**Step 3:** Use the “maximum hourly hot water usage” value from the previous equation to calculate the minimum BTU rating of the water heater using the calculation below.

### Gas Water Heater Thermal Efficiency Rating (place in box below)

For commercial water heaters, you can find this rating on the spec sheet. If you don’t know the rating, use a rating of 0.75. For all domestic water heaters, use a rating of 0.75.

$$\left( \frac{\text{max hourly hot water usage}}{\text{max hourly hot water usage}} \times 100 \times 8.33 \right) \div \boxed{\text{efficiency rating}} = \text{minimum BTU rating}$$

### Option B: Electric Water Heater

For electric water heaters, the maximum hourly hot water usage is the same number as the total water required (gph) by all fixtures as calculated in the Required Water Calculation Table. Use this formula to calculate the minimum Kilowatt rating of the electric water heater:

$$\left( \frac{\text{total water (gph)}}{\text{total water (gph)}} \times 100 \times 8.33 \right) \div 3412 = \text{minimum Kilowatt rating}$$

### Proposed Gas or Electric Water Heater based on BTU or Kilowatt rating

The BTU or Kilowatt rating for the water heater in the facility must be equal to or greater than the minimum BTU or Kilowatt rating calculated above. Complete the following based on your current or proposed water heater.

Make: \_\_\_\_\_ Model: \_\_\_\_\_

BTU Rating: \_\_\_\_\_ or Kilowatt Rating: \_\_\_\_\_

Recovery Rate: \_\_\_\_\_ gallons per hour at 100° rise at sea level

**Reminder:** If you plan to use an instantaneous hot water heater please contact Boulder County Public Health for information about sizing and installation requirements.

# Appendix D

## Commissary Agreement

For mobile unit operators, caterers and temporary vendors this commissary agreement must be completed and signed by the commissary owner before you will be approved to use the commissary. Please provide the following information, including signatures, and submit this agreement with your retail food license or plan review application to Boulder County Public Health. This commissary agreement is valid for the current calendar year only.

Date \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Owner/Operator) (Establishment Name)

located at \_\_\_\_\_  
(Address of Establishment)

do hereby give permission to \_\_\_\_\_  
(Mobile Unit / Pushcart / Caterer / Temporary Vendor)

**to use my kitchen facilities to perform the following (check all that apply):**

- \_\_\_\_ Preparation of foods, such as vegetables or fruits, cutting meats, cooking, cooling, reheating
- \_\_\_\_ Storage of foods, single-service items, and cleaning agents
- \_\_\_\_ Service and cleaning of equipment
- \_\_\_\_ Ware washing
- \_\_\_\_ Filling water tanks
- \_\_\_\_ Dumping wastewater
- \_\_\_\_ Other: \_\_\_\_\_

Commissary Water Supply?                      Municipal \_\_\_\_\_      Well \_\_\_\_\_      PWSID# \_\_\_\_\_  
Commissary Sanitary Sewer Service?      Municipal \_\_\_\_\_      Septic \_\_\_\_\_

**Please indicate the equipment available at the commissary for the proposed uses:**

Hand sink \_\_\_\_\_      Prep sink \_\_\_\_\_      Mop sink \_\_\_\_\_      Three-bay sink \_\_\_\_\_  
Dish machine \_\_\_\_\_      Refrigeration \_\_\_\_\_      Cooling equipment \_\_\_\_\_      Dry storage \_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Operator                      Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Commissary Owner                      Date

\_\_\_\_\_  
Phone Number

Important Things to Remember:

- The commissary facility must be acceptable for the food volume and preparation methods used and have the necessary equipment and storage capabilities for the operation.
- The commissary must be constructed and operated in compliance with the current requirements of the Colorado Retail Food Establishment Rules and Regulations.
- A facility inspection of the commissary by Boulder County Public Health may be required prior to use by the operator to determine if it is adequate for the intended use.
- Mobile units must report to the commissary every 24 hours on operational days for all supplies and cleaning and servicing operations.
- The use of a licensed facility by an unlicensed operation may put the licensed facility operator's license in jeopardy.

If you have any questions or concerns, please contact Boulder County Public Health at 303.441.1564.