

LICENSE APPLICATION FOR CHANGE OF OWNERSHIP AND CATERING OPERATIONS

Food Service Establishments
Retail Food Markets



Boulder County Public Health

Thank you for notifying our department of your plans to begin operating a retail food establishment or catering operation. Attached is an application packet, including a list of common construction items that need to be addressed prior to the licensing of any retail food establishment.

Keep in mind that if you plan to extensively remodel the facility or to change menu items or 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:

- Increasing seating capacity by 20%.
- Changes or alterations made in the nonpublic areas that result in a reduction or increase of total space by 25% or more.
- Alterations requiring a building permit by local authorities.
- The facility’s capabilities to handle food and utensils in a sanitary manner have been diminished, creating potentially hazardous conditions.

If your plans meet this definition, please call our office at (303) 441-1150 to request a plan review packet and application. You may also visit our website at www.BoulderCountyFood.org to download the plan review packet.

The Colorado Retail Food Establishment Rules and Regulations can also be downloaded from our web site. If you prefer a hard copy of this document, please contact us and a copy will be mailed to you free of charge.

If you don’t have plans to remodel, please complete the enclosed application and submit it, along with copies of your menu and Colorado state sales tax number, to:

Boulder County Public Health
Environmental Health Division
3450 Broadway
Boulder, CO 80304
Fax: (303) 441-1468

A Request for License application with signature, as well as a menu, floor plan, food handling questionnaire, and state sales tax #, are **required** when submitting to **Boulder County Public Health**. Incomplete packets will not be accepted. A fee of \$81 for the inspection and the appropriate fee for the retail food license based on seating will be required at time of inspection.

Any construction or installation of equipment is subject to final inspection and approval. Please contact our office at (303) 441-1150 for license approval before operating.

Good luck in your endeavor; we look forward to working with you!

APPLICATION CHECKLIST: Items 1-5 must be submitted in order to begin the application review process. Please check off (✓) items as they are completed.

An incomplete application will delay the inspection and approval process.

_____ 1. Request for License Application completed and signed (pages 4-5) including copy of sales tax number

_____ 2. Food Handling Questionnaire completed (pages 6-7)

_____ 3. Menu attached

_____ 4. Floor plan attached (include page 8)

Note: Floor plan must be drawn to scale on minimum 8.5 x 11" paper

RESOURCES IN THIS PACKET INCLUDE:

Appendix A: Example facility floor plan

Appendix B: Minimum requirements for retail food establishment license approval

Appendix C: Hot water demand and water heater size

***Please provide a copy of your menu and as much detail about your operation as possible.** Answers will determine if your food handling techniques are consistent with proper food safety and public health protection. It has been shown that the majority of foodborne illness outbreaks are contributed to errors in food handling (e.g., improper cooling, reheating, etc.). It is very important that proper procedures are followed from the start of operation.



Boulder County Public Health REQUEST FOR LICENSE APPLICATION

NAME OF EXISTING FACILITY: _____

NAME OF NEW FACILITY (if name will be changed): _____

Address: _____ Suite / Unit # _____

City: _____ State: _____ Zip Code: _____

Facility Phone: _____ E-mail: _____ Fax: _____

NAME UNDER WHICH THE NEW LICENSE IS TO BE ISSUED:

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

Individual[s] or Corporation Name: _____

Address: _____ Suite / Unit #: _____

City: _____ State: _____ Zip Code: _____

Owner Phone: _____ Fax: _____

NAME OF PRINCIPLE CONTACT PERSON: _____

Phone: _____ E-mail: _____ Fax: _____

FACILITY STATUS:

Date of owner change (if applicable): _____

Date of expected opening or operation: _____

List any structural or equipment changes being made to this facility (use additional sheets if necessary): _____

SEATING CAPACITY: Indoor _____ Outdoor _____ TOTAL _____

Total Square Footage of Facility: _____ **Sq. Ft.**

Total Square Footage of Food Preparation and Storage Areas: _____ **Sq. Ft.**

	Breakfast	Lunch	Dinner
Maximum Number of Meals Served:			

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 #

Food Service Questionnaire

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

I. Menu and Facility Management:

- A. Submit a menu or list of foods to be served. Plans will not be approved without a menu.
- B. 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
- C. List the types of food safety training the person in charge has received and a training plan for employees.

II. Hygiene of Personnel

- A. Describe how employees will prevent direct hand contact with food.
Bare-hand contact of ready-to-eat foods is prohibited. Physical barriers (e.g. tongs, spatulas, bakery papers, and gloves) are required to be used when handling foods that will receive no further cooking.
- B. Describe where and when hand washing will occur.
- C. Describe the ill employee policy (including policy for cuts and burns).

III. Food Safety Procedures

- A. List the foods which will be cooled and describe the methods for cooling hot foods to 41°F (5°C) or below.
- B. List the foods and describe the methods of how they will be rapidly reheated to 165°F (74°C) or above.

- C.** List the foods that will be held hot and indicate how these foods will be held at 135°F (60°C) or above.
- D.** List the foods that will be held cold and indicate how these foods will be held at 41°F (5°C) or below.
- E.** How will temperatures of foods be monitored?
- F.** How will frozen foods be thawed?
- G.** 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
- H.** If yes, how will they be stored to prevent cross-contamination?
- I.** How will raw meats, poultry, and seafood be prepared to prevent cross-contamination with other foods?
- J.** Where will produce be washed?
- K.** Will catering be conducted? Yes No
- L.** Will food be transported or delivered to another location? Yes No
- M.** If yes, what equipment will be provided to maintain food at proper temperatures during
- N.** transport?
- O.** Will vacuum packaging be conducted in the establishment? Yes No
- P.** If yes, please provide the required HACCP Plan for each category of food to be vacuum packaged.
- Q.** Describe cleaning and sanitizing procedures for utensils and food preparation equipment (including slicers, prep tables, cutting boards, sinks, etc.).

Facility Floor Plan

Submit the floor plan drawn to scale including location and identification of **all equipment** and areas listed below. (See Appendix A for example floor plan.)

1. Sinks:

- a) Lavatory(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) Ware washing (three-compartment) sink(s) - Number provided: _____

2. Wait station(s): 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): Provided _____ Not Applicable _____

9. Indoor and outdoor seating: Provided _____ Not Applicable _____

10. Outdoor cooking or bar area(s): Provided _____ Not Applicable _____

11. Laundry facilities: Provided _____ Not Applicable _____

12. Recycle/damaged/returned goods location: 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.

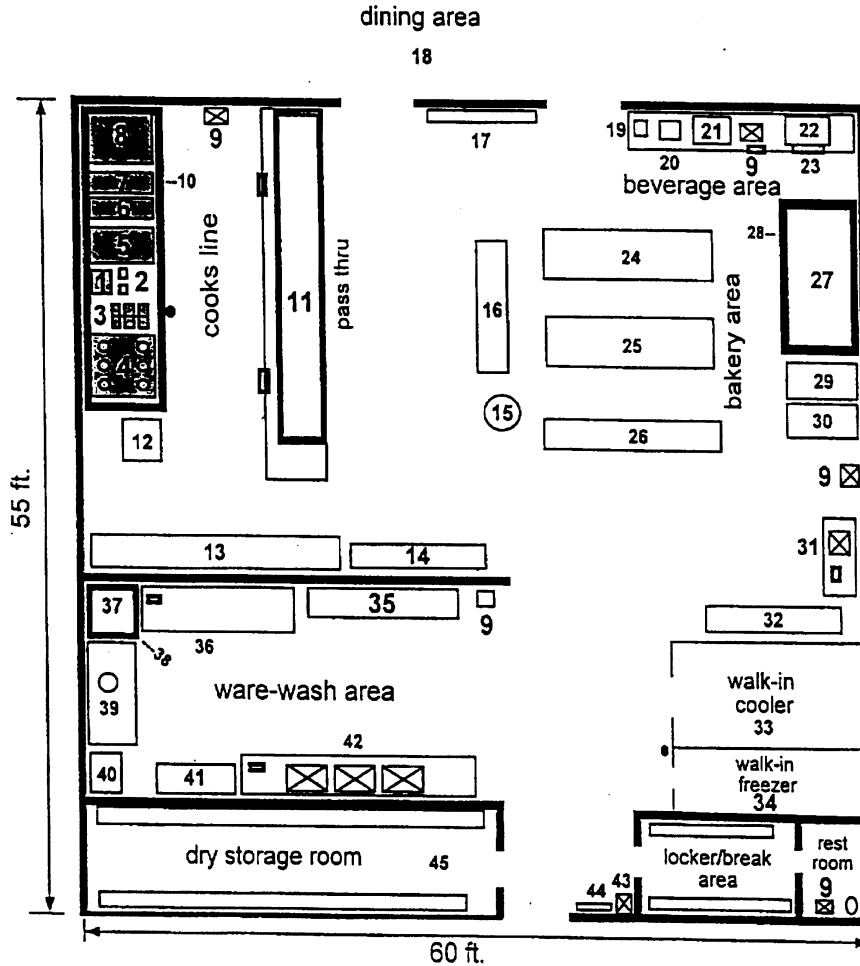
15. Ice bins / ice machines: Provided _____ Not Applicable _____

16. Dipper wells: Provided _____ Not Applicable _____

17. Chemical dispensing units: Provided _____ Not Applicable _____

APPENDIX A

Example Floor Plan



Equipment (make and model #)

- | | | |
|---|--|---|
| 1. Cheese melter (ABC #123) | 18. Dining area | 36. Clean drainboard |
| 2. Microwave (XYZ #34) | 19. Coffee maker (ABC #16) | 37. Dishmachine (Magic #15) |
| 3. Steamtable (HOT #A1) | 20. Tea maker (ABC #87) | 38. Hood, type II (Ezair #17) |
| 4. Stove (AOK #22) | 21. Soda machine (PDQ #2A) | 39. Dirty drain board w/ spray hose, & garbage disposal |
| 5. Griddle (AOK #Q17) | 22. Espresso machine (ABC #5) | 40. Dirty dish rack |
| 6. Fryer (ABC #55) | 23. Undercounter refrigeration unit (COLD #A3) | 41. Drying shelf |
| 7. Fryer (ABC #55) | 24. Bakers table | 42. 3-comp. sink w/ 36" drain boards |
| 8. Charbroiler (HOT #A7) | 25. Bakers table | 43. Mop sink |
| 9. Hand sink | 26. Shelving unit | 44. Chemical storage shelf |
| 10. Hood, type I (Ezair #99) | 27. Bake oven (JAM #33) | 45. Shelving |
| 11. Refrigerator/freezer make-table unit with pass-thru and shelf. (Cold #10) | 28. Hood, type II (Ezair #35) | Floor sink |
| 12. Stainless steel table | 29. Proof cabinet (ABC #T2) | Floor drain |
| 13. Sliding 3 door refrigeration unit (Cold #12) | 30. Proof cabinet (ABC #T2) | |
| 14. Shelving unit | 31. Vegetable prepsink & 18" drain board | |
| 15. Mixer (XYZ #q23) | 32. Stainless prep table | |
| 16. Shelving unit | 33. Walk-in cooler (COLD #AZ1) | |
| 17. Bread shelving racks | 34. Walk-in freezer (COLD #AZ3) | |
| | 35. Drying shelf | |

APPENDIX B

Minimum Requirements for License Approval

- **Hand washing Sinks.** Hand washing 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 hand washing. Hand sinks are supplied with hot and cold water, as well as with soap and paper towels.
- **Thermometer.** A probe-type 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°F or lower, and hot potentially hazardous foods are held at 135°F or higher, as required.
- **Refrigerator Units.** All new and existing refrigeration units are capable of holding food at 41°F or below and are equipped with conspicuous thermometers located in the upper 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

This worksheet is provided to assist in calculating hot water usage and sizing of the water heater required for the operation.

CALCULATING WATER REQUIREMENTS FOR ALL FIXTURES

Step 1. Three-compartment sink

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

Length= _____ Width= _____ Depth= _____

2. Insert measurements into equation

$$\left(\frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times 3 \times .375 \right) \div 231 = \frac{\text{Water Usage}}{\text{Water Usage}}$$

Note: If all compartment sizes of the sink are not the same, then 3 is taken out of the equation, and the above calculation should be done for each compartment. The volumes are added to obtain the total gallons per hour of hot water used in the sink.

Enter number into attached table to calculate total water required by all fixtures.

Step 2. Utensil soak sink

1. Measure dimensions of sink

Length = _____ Width = _____ Depth = _____

2. Insert measurements into equation

$$\left(\frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times .375 \right) \div 231 = \frac{\text{Water Usage}}{\text{Water Usage}}$$

Enter number into attached table to calculate total water required by all fixtures.

Step 3. Dish machine and conveyor pre-rinse water usage

Use manufacturer's rating in gallons per hour

Enter number into attached table to calculate total water required by all fixtures.

Step 4. Clothes washer water usage

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

Enter number into attached table to calculate total water required by all fixtures.

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

REQUIRED WATER CALCULATION TABLE

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>	50	1	50
<i>Example: hand sinks</i>	5	4	$(5 \times 4) = 20$
3-compartment sink			
3-compartment sink (bar)			
Utensils soak sink			
Dish machine			
Dish machine conveyor pre-rinse			
Clothes washer			
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		
Total water (gph) required by all fixtures			

1. In the table above, enter the gallon per hour (gph) rating for each type of fixture and the number of fixtures in the operation to calculate "Maximum Hourly Usage" for each type of fixture. 2 Working down the right column, add up the "Maximum Hourly Usage" for each type of fixture to calculate "total water required by all fixtures" in the operation.
3. Take the "total water required by all fixtures" total and enter that number into the following equations for either a gas water heater or electric water heater to determine the rating of the water heater required.

CALCULATING WATER HEATER SIZE REQUIREMENTS GAS WATER HEATER

Step 1. First, adjust the total water required by all fixtures according to the altitude of the facility. The altitude adjustment is 4% per 1000 feet of elevation, or 20% at 5000 feet. Use the formula below to calculate this.

$$(.04 \times \frac{\text{elevation of facility}}{1000}) + 1 = \text{adjustment factor}$$

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

$$\frac{\text{adjustment factor}}{\text{adjustment factor}} \times \frac{\text{total water required by all fixtures}}{\text{total water required by all fixtures}} = \frac{\text{maximum hourly hot water usage}}{\text{maximum hourly hot water usage}}$$

*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 in the previous equation to calculate the minimum BTU rating of the water heater using the calculation below.

Commercial water heaters only - Insert the decimal equivalent of the water heater thermal efficiency rating in the box below. (if unknown or a non-commercial water heater, use .75)

$$\left(\frac{\text{maximum hourly usage as calculated above}}{\text{maximum hourly usage as calculated above}} \times 100 \times 8.33 \right) \boxed{} = \frac{\text{minimum BTU rating}}{\text{minimum BTU rating}}$$

ELECTRIC WATER HEATER

Step 1. If an electric water heater is to be used, the maximum hourly hot water usage for the operation is the same number as the total gph of water required by all fixtures as calculated in the Table in Section 2.

Use this value in the equation to calculate the minimum Kilowatt rating of the water heater.

$$\left(\frac{\text{maximum hourly hot water usage (as totaled in the table in Section 2)}}{\text{maximum hourly hot water usage (as totaled in the table in Section 2)}} \times 100 \times 8.33 \right) \div 3412 = \frac{\text{minimum Kilowatt rating}}{\text{minimum Kilowatt rating}}$$

SELECTING A WATER HEATER BASED ON BTU OR KILOWATT RATING

Make: _____ Model: _____

BTU Rating: _____ or Kilowatt Rating: _____

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

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 in sections 3-A or 3-B.