



Prevent • Promote • Protect

Environmental Health
1675 W. Garden of the Gods Rd.,
Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 *phone*
(719) 575-3188 *fax*
www.elpasocountyhealth.org

Mobile Unit Plan Review

The following are REQUIRED to complete your review:

- ☐ \$100 application fee plus \$93 for minimum RFE Plan Review time fee: 90 minutes at \$62.00 per hour.
- ☐ Provide floor plan. If photos are provided, ensure that photos are taken inside and outside the mobile unit including pictures of water tanks, water inlets/outlets, water heaters, hand sinks, refrigerators, and any equipment used to prepare food.
- ☐ Menu: Breakfast/Lunch/Dinner
- ☐ Equipment specifications for the following: cooking equipment, food handling equipment, dish machine, water heater. Sheets must include make and model numbers.
Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- ☐ Food Protection Manager Certification (for full food service): Required by 30-Day Regular Inspection. Limited food service facilities are exempt. Please see Public Health website for certification classes.
- ☐ Vomiting and Diarrheal Event Clean-Up Procedures. Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment. Procedural examples may be provided. Please note: All facilities are required to have a proper verbal or written procedure.
- ☐ Employee Illness Policy. Written procedures are not required. Information regarding exclusions and restrictions may be provided.
- ☐ Provide completed Plan Review Packet (attached).
- ☐ Provide completed Retail Food Establishment License Application.



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Retail Food Establishment License Application

Incomplete applications, or applications without payment (if required), will not be processed.

Ownership type:			
Full legal name of owner, corporation, or non-profit:			
Trade name (DBA):		Contact name (on site):	
Email:		CO Sales Tax Acct. No.:	
Physical address of business:		City:	State: Zip:
County where business is located:	Phone number:	Other contact number:	
Mailing address (if different from above):		City:	State: Zip:
Date you started the business:	Seasonal? Mark each month you operate: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		
In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.			
Signature:		Title:	Date: Calendar Yr:

	License Type	Code	Fee
<input type="checkbox"/>	No fee license (K-12 schools, non-profits)	1002	\$0.00
<input type="checkbox"/>	Limited food service (convenience, other)	1004	\$270.00
<input type="checkbox"/>	Restaurant (0-100 seats)	1007	\$385.00
<input type="checkbox"/>	Restaurant (101-200 seats)	1012	\$430.00
<input type="checkbox"/>	Restaurant (> 200 seats)	1016	\$465.00
<input type="checkbox"/>	Grocery Store (Under 15,001 sq. ft.)	1021	\$195.00
<input type="checkbox"/>	Grocery Store (Over 15,000 sq. ft.)	1029	\$353.00
<input type="checkbox"/>	Grocery Store w/ deli (Under 15,001 sq. ft.)	1049	\$375.00
<input type="checkbox"/>	Grocery Store w/ deli (Over 15,000 sq. ft.)	1059	\$715.00
<input type="checkbox"/>	Mobile unit (prepackaged)	1089	\$270.00
<input type="checkbox"/>	Mobile unit (full food service)	1085	\$385.00
<input type="checkbox"/>	Special Event (full menu)	1087 1088 1086	\$100.00 per 1 Day Event \$174.00 per 2-8 Day Event \$330.00 Multiple Events
<input type="checkbox"/>	Special Event (limited menu)	1095 1096 1094	\$75.00 per 1 Day Event \$125.00 per 2-8 Day Event \$235.00 Multiple Events
	Total due:		\$

County Use Only

Health Specialist

Make checks payable to EPCPH.

Mail payment and completed application to:
 El Paso County Public Health
 Environmental Health Division
 1675 W Garden of the Gods Rd, Ste 2044
 Colorado Springs, CO 80907

Questions?

Call: 719-578-3199

Visit: elpasocountyhealth.org

Email: healthinfo@elpasoco.com



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ENVIRONMENTAL HEALTH RFE SERVICE REQUEST FORM

Owner Name: _____

Owner **Mailing** Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Establishment Name: _____

Address: _____

Days/Hours of Operation: _____

Total building square footage (if a grocery store): _____

Number of seats (indoor/outdoor): _____

ALTERNATIVE CONTACT INFORMATION (*Two contacts other than owner*):

1. Name: _____ Title: _____

Phone: _____ Cell Phone: _____

Email Address: _____

2. Name: _____ Title: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Retail Food

<input type="checkbox"/> Review of Potential Retail Food Establishment Site	\$75.00 (or actual cost at \$62/hour, whichever is greater)
<input type="checkbox"/> Change of Ownership Inspection	\$120.00 (non-refundable)
<input type="checkbox"/> Additional Change of Ownership Inspection	\$65.00 (non-refundable)
<input type="checkbox"/> RFE Plan Review Application	\$100.00 (non-refundable)
<input type="checkbox"/> RFE Plan Review Time (initial minimum time: 90 minutes at \$62/hour)	\$93.00
<input type="checkbox"/> Special Event License- Full Menu	\$100.00 per 1 day event \$174.00 per 1-8 day event \$330 multiple events
<input type="checkbox"/> Special Event License- Limited Menu	\$75.00 per 1 day event \$125.00 per 1-8 day event \$235.00 multiple events
<input type="checkbox"/> HACCP Plan Review (Written)	\$62.00/hour not to exceed \$100.00
<input type="checkbox"/> HACCP Plan Review (Operational)	\$58.00/hour not to exceed \$200.00

Applicant's Signature: _____ Date: _____



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1675 W. Garden of the Gods Rd., Suite 2044
 Colorado Springs, CO 80907
 (719) 578-3199 *phone*
 (719) 575-8664 *fax*
www.elpasocountyhealth.org

Application Date: _____

MOBILE UNIT PLAN REVIEW FORM

ESTABLISHMENT INFORMATION

Name of Mobile Unit:		Phone:
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart <input type="checkbox"/> Self-Contained Unit <input type="checkbox"/> Prepackaged Only		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website:		

OWNERSHIP INFORMATION (proprietary rights per C.R.S. 25-1605)

Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

CONTACT INFORMATION (☐ CHECK IF SAME AS ABOVE)

Name of Primary Contact:		Phone:
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	

LICENSING INFORMATION

Has your mobile unit been previously licensed? YES / NO		Sales Tax #
If YES, provide the following information	Year:	State and County where licensed:
If NO, is the construction of the mobile unit complete?		
Days and Hours of Operation Insert hours in the following format: 8am to 8pm		
Days:		
Hours:		
Seasonal: Yes <input type="checkbox"/> No <input type="checkbox"/> List months of operation:		
Projected maximum number of meals to be served		
Number of meals per week:		

Provide information on how people can find your mobile unit.		
Facebook:	Twitter:	Mobile App:
Other social media:		
Location used most frequently:		

MENU AND FOOD HANDLING PROCEDURES

- A. Submit a complete menu.
- B. Check all the food handling procedures that apply and indicate the location where they will take place in Table 1 below.

Table 1

FOOD HANDLING PROCEDURES				
Procedure	Y	N	If yes, indicate where procedure will take place	
			Commissary	Mobile
Will food be held cold?				
Will food be held hot?				
Will produce need to be washed?				
Will food be cooled after cooking?				
Will food be reheated after cooling?				
Will food that is frozen need to be thawed?				
Will food be cooked? (example: raw meat)				
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?				
Will foods be prepared that will be sold to other establishments?				
Will catering be conducted?				

**** Food shall be obtained from approved sources that comply with the applicable laws relating to food and food labeling****

****Preparation of food or storage of any items related to the operation is prohibited in a personal home.****

Food Handling Procedure Descriptions

Complete Applicable Sections

- A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

- ☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient
☐ Rapid cooling equipment ☐ Shallow pans ☐ Separating food into smaller portions
☐ Other: _____

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

List the equipment that will be used for reheating:

- ☐ Stove ☐ Microwave ☐ Other: _____

C. Describe how frozen foods will be thawed.

- ☐ Under refrigeration ☐ Under running water ☐ In a microwave
☐ As part of cooking process ☐ Other: _____

D. Describe where personal items will be stored.

E. Describe where chemicals used for operation will be stored.

F. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.

- ☐ Gloves ☐ Utensils ☐ Deli Tissue ☐ Other: _____

G. Are there any refrigeration units that will only be used to cold-hold individual servings of pre-packaged foods for immediate customer service?

PHYSICAL FACILITIES

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4” plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

FINISH SCHEDULE						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless Example</i>	<i>Smooth</i>	<i>Rubber Cove</i>	<i>FRP Example</i>	<i>Smooth</i>	<i>Stainless Example</i>	<i>Smooth</i>

Windows and Doors: To prevent the entry of pests, outer openings must be protected.

1. Are windows and doors screened? YES / NO / N/A, unit is a push cart

If no, please describe how the unit will be protected from pest entry:

2. Are service windows self-closing? YES / NO / N/A, unit is a push cart

If no, please describe how the unit will be protected from pest entry:

Ventilation: If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer’s recommended exhaust listings in cubic feet per minute (CFMs).

If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood may be required.

VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

Please note: Fire suppression systems may be required in certain jurisdictions. Please contact your local fire

REFRIGERATION / FREEZER CAPACITY

TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

department.

HOT HOLDING UNITS

TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Steam Tables		
Hot Box		
Cook and Hold Units		
Other hot holding storage:		

Dish washing

A. Where will utensil washing take place? (Check all that apply)

~ Commissary

~ Mobile Unit

B. If utensil/equipment washing will take place on the mobile unit, provide specifications for the three-compartment sink in Table 2 below.

3-Compartment Sink

LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS OF (inches) SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	

****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.****

WATER SYSTEMS:

A. Provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan. Materials used in the construction of a mobile water tank and accessories shall be safe, durable, corrosion resistant, and finished to have a smooth, easily cleanable surface. A

water tank, pump, and hoses shall be flushed and sanitized before being placed in service after construction, repair, modification, and periods of non-use. 5-304.11

B. Hot Water

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)

~ Water Heater

~ Instantaneous water heater

~ Other (specify): _____

2. If a water heater is installed, complete the table below:

WATER HEATER			
Make	Model #	KW/BTU Rating	Tank Capacity

C. Water Supply Information

1. Provide location where water will be obtained below.

_____	_____	_____	_____
Business Name	Street Address	City	State/Zip

2. Provide total capacity of all potable water supply tanks (in gallons) below.

3. Provide the maximum number of hours operating between filling water supply tank/s.

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

~ 3-compartment sink

~ Hand sink (Indicate number of sinks): _____

~ Food preparation sink

~ Pre-rinse sprayer

~ Utensil soak sink

~ Mop sink

~ Dish Machine

~ Toilet

~ Other (specify): _____

D. Wastewater Tank/Disposal Information

1. Provide location where wastewater will be disposed of below.

Business Name	Street Address	City	State/Zip
---------------	----------------	------	-----------

2. Provide wastewater tank capacity (in gallons) below.

NOTE: The wastewater tank must be at least 15 percent larger than water supply tank.

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- ~ Drinking water inlet above waste outlet
- ~ Different colored or sized hoses
- ~ Different colored or sized removable tanks
- ~ Different threads on inlet and outlet
- ~ Other (specify): _____

Be Advised: Take necessary steps to winterize the mobile unit by insulating pipes (chemical additives are not allowed). Temperatures in Colorado frequently drop below 32°F and may cause water tanks and hoses to freeze resulting in damage to the system. Ensure pipes, water heater, and storage tanks in your unit are completely drained during cold weather months. Without water you cannot operate your mobile unit.

Annex: Mobile Unit General Requirements

NOTE: The following list of requirements has been provided to assist with frequently asked questions specific to mobile unit plan reviews. The list does not represent the entirety of the requirements. Mobile food establishments must comply with all the requirements provided in the *Colorado Retail Food Establishment Rules and Regulations*.

I. HANDWASHING SINKS

- A. Handwashing sinks must be capable of providing a hands-free, continuous flow of 100°F water delivered under pressure.
- B. Handwashing sinks must be easily accessible at all times and used for no other purpose.

II. VENTILATION

- A. If the mobile unit is enclosed (floors, hard sided walls, ceiling) and grease-cooking is conducted (i.e. cooking meats on a stove top or deep frying), then a Type 1 hood is recommended.
- B. A single smoker, grill, or oven may be used outside the unit, provided that all foods are prepared, assembled, and served from within the mobile unit and not from the external piece of cooking equipment.

III. WATER SUPPLY

- A. Water must be obtained from an approved source, as described in Section 5-101.11 of the Colorado Retail Food Establishment Rules and Regulations.
- B. For pushcarts, the water supply tank must have a minimum capacity of at least five gallons.
- C. For mobile units equipped with a three-compartment warewashing sink, the water supply must be sized to adequately fill warewashing sinks at least every four hours of operation.
- D. The mobile unit must supply three gallons of water to each handwashing sink for each hour of operation. For example, a mobile unit operating for six hours must have a minimum of 18 gallons of drinking water available just for the hand sink. Water can be provided through additional food grade containers if approved by the Department.
- E. Adequate water pressure must be provided to all fixtures at all times.
- F. Only food-grade hoses can be used to fill or transfer drinking water to or within a mobile unit.

IV. WASTEWATER

- A. All wastewater (except water from clean ice) must be contained in a permanently installed holding tank that is at least 15percent larger than the water supply tank.
- B. Wastewater from the holding tank must be disposed in an approved sanitary sewer system (e.g. toilet or plumbed drain) daily. The wastewater holding tank must never be emptied onto the ground or in the storm drainage system.

- C. When using wastewater containers that are not attached to the unit, they must be clearly marked and used for no other purpose.
- D. All connections to the wastewater holding tank must be of a different size or type than the connections to the potable water supply tank in order to prevent a cross-connection between drinking water and wastewater.
- E. The connections that release or catch wastewater must be located below the connections on the water supply tank in order to prevent contamination of the supply tank.

V. DEFINITIONS

- A. Mobile Food Establishment: Means a retail food establishment that is a wheeled vehicle or trailer that is readily moveable and designed for the service of food from the interior of the unit that is intended to physically report to and operate from a commissary for servicing, restocking, and maintenance each operating day.
- B. Push Cart: Means a retail food establishment that is a non-motorized unit designed so foods are served from the exterior of the unit, which is intended to physically report to and operate from a commissary for servicing, restocking and maintenance each operating day. Pushcarts shall be limited to cooking approved menu items and serving commercially prepared or commissary prepared food that will result in simple assembly.
- C. Self-Contained Mobile Unit: Means a licensed mobile retail food establishment that is approved to operate without a commissary. It is not connected to fixed utilities (i.e. water, sewer, and electricity) and it is required to report to an approved servicing location for sewage disposal and water.

Additional Requirements for Self-Contained Mobile Retail Food Establishments

NOTE: Mobile retail food establishments must use a commissary unless:

- A. A pre-approved facility is provided and used to supply drinking water to the unit and for the disposal of wastewater generated by the unit.
 - B. The mobile unit's drinking water system and waste retention system is sufficiently sized, operated properly to serve the needs of the unit, and liquid waste is emptied only at service locations that have been approved by the Department.
 - C. Adequate storage areas are provided within the mobile unit for all food, dry goods, single-service articles, and cleaning supplies.
 - D. Adequate facilities are provided for food preparation; cleaning and sanitizing of equipment and utensils; storage of additional food, equipment, utensils, and other supplies; and other servicing operations.
 - E. Adequate facilities, as required by the menu, are provided, including hand sink, food preparation sink, ware-washing facilities, mop sink, mechanical refrigeration, and any other necessary equipment.
 - F. A written operational plan is submitted for the mobile unit demonstrating that its operation as a self-contained unit can be accomplished in compliance with the Colorado Retail Food Establishment Rules and Regulations. Review and approval of the operational plan must include the menu and standard operating procedures for the unit. After an operational plan is approved, any additions or changes to the plan must be approved by the Department prior to implementation. The approved operational plan must be available on the mobile unit at all times.
-



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www.elpasocountyhealth.org

Commissary Agreement

For mobile unit operators, caterers, and special event 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 application or Plan Review application to El Paso County Public Health. This commissary agreement is valid for the current calendar year only and can be revoked at any time by providing written notice to El Paso County Public Health.

I, _____ of _____,
(Owner/Operator) (Establishment Name)

located at _____, phone number _____,
(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, or 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 ☐

Commissary Sanitary Sewer Service? Municipal ☐ Well ☐

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

Hand Sink ☐ Prep Sink ☐ Mop Sink ☐ Three-bay sink ☐ Dish machine ☐

Refrigerator ☐ Cooling Equipment ☐ Dry Storage ☐ Oven ☐ Other ☐

Name of Operator (Print)

Operator Signature

Date

Name of Commissary Owner (Print)

Commissary Owner Signature

Date

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.
- An inspection of the commissary by El Paso 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 during operation for food preparation, dishwashing, dumping water, refilling water, etc.

If you have any questions or concerns, please contact El Paso County Public Health at 719.578.3199, option 3.

Other Useful Information

You may obtain a copy of the Colorado Retail Food Establishment Regulations at El Paso County Public Health or at the Colorado Department of Public Health and Environment's website:
www.cdph.state.co.us/regulations/consumer/101002retailfood.pdf

If you are purchasing or remodeling an existing restaurant, you are required to ensure that the facility is up to date on current codes and regulations. Public Health can help you assess whether the facility meets Colorado Retail Food Establishment regulations. Also check with Public Health to see if your planned interior changes constitute an extensive remodel. Contact us at (719) 578-3199 to discuss review options.

If you have a new septic system or well on the property, you will need to get approval from Public Health. Call (719) 578-3199 for more information. If the property already has an existing septic system, you will need to submit a letter of approval from an environmental engineer to Public Health.

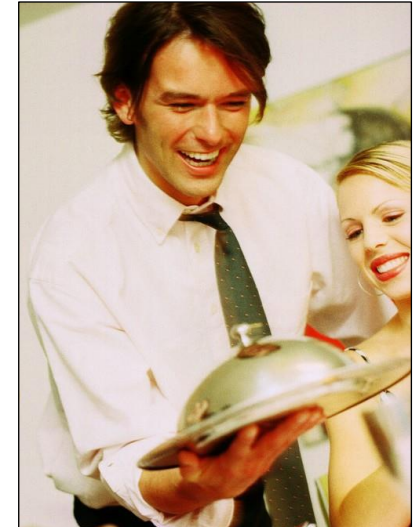
If your establishment is in a city or town other than Colorado Springs, contact the city or town clerk about licensing requirements.



This pamphlet was produced by the El
Paso County Public Health
Environmental Health Division
1675 W. Garden of the Gods Rd., Suite 2044
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(719) 578-3199

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How to Open a Retail Food Establishment



El Paso County Public Health

***"Protecting and Promoting Public Health and Environmental Quality
in the Community
through People, Prevention and Partnerships"***

Before building, remodeling or purchasing a Retail Food Establishment (RFE) in El Paso County, please contact Environmental Health at El Paso County Public Health. Call (719) 578-3199 or visit www.elpasocountyhealth.org. Current fees are posted on our website under Board of Health Regulations, Chapter 3—Fees.

Applications, Licenses and Fees

Environmental Health Services El Paso County Public Health

Submit a plan review application to the Health Department. Plan review application is, (non-refundable) and is due when the plan review application is submitted. There is also an hourly plan review fee (total not to exceed \$580). Review includes all aspects of plan review and a pre-opening inspection. The plan review process may take up to four weeks once the application is received.

Pikes Peak Regional Building Department (PPRBD)

If you are building a new facility or planning an extensive remodeling project, you are required to submit plans to:

**Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs, CO 80910
(719) 327-2880**

PPRBD will provide information about regulations for plumbing, electrical systems and ventilation. PPRBD also issues the Certificate of Occupancy.

Colorado Department of Revenue State Sales Tax Number

Obtain this from:

**Colorado Department of Revenue
2447 N. Union Blvd.
Colorado Springs, CO 80909 (719)
594-8706 or (303) 866-3711 or visit
www.revenue.state.co.us**

You must have your state sales tax number before submitting application for the Colorado Retail Food License at Public Health. Each RFE should have its own sales tax number.

City of Colorado Springs Sales Tax Number

To operate within the Colorado Springs city limits, you need to obtain this from:

**Colorado Springs City Sales Tax Office
30 S. Nevada Ave. Suite 203
Colorado Springs, CO 80903
(719) 385-5903**

Colorado Retail Food Establishment License

A Colorado Retail Food Establishment License, along with the appropriate fee, must be submitted to Public Health. A RFE license must be issued before you are permitted to operate. This license runs from Jan. 1 through Dec. 31 and must be renewed each year. Fees are not prorated and are not transferable. RFE license fees vary based on the type of facility, seating capacity or square footage for grocery stores.

City of Colorado Springs Mobile Food Vendor License

You need this license if you sell food from a cart or mobile unit. This license is obtained from:

**Colorado Springs City Clerk
30 S. Nevada Ave. Suite 101
Colorado Springs, CO 80903
(719) 385-5901**

City of Colorado Springs Liquor Licensing

If your facility operates within the Colorado Springs city limits and you plan to sell alcoholic beverages, you need to obtain a liquor license from:

**Colorado Springs City Clerk
30 S. Nevada Ave. Suite 101
Colorado Springs, CO 80903**

If your establishment name starts with letters A through M: **(719) 385-5106**

If your establishment name starts with letters N through Z: **(719) 385-5107**

Note: This process may take 60 days to complete.

El Paso County Liquor Licensing

If your facility is in unincorporated El Paso County, and you plan to serve alcoholic beverages, you must obtain your liquor license from:

**Deputy Clerk to the Board of County Commissioners
Centennial Hall, 200 S. Cascade Ave.
Colorado Springs, CO 80903
(719) 520-6433**

Note: This process may take 60 days to complete.

Colorado Springs Utilities (CSU)

Within Colorado Springs, check with Colorado Springs Utilities for grease trap/interceptor requirements at **(719) 448-4800**. The Fat, Oil and Grease (FOG) Policies and Procedures Manual and related information is posted at the CSU

Website, www.csu.org/Pages/fog-www.aspx

Fire Protection

For regulations or fire codes within the city limits of Colorado Springs, call **(719) 385-5982**. For regulations in unincorporated El Paso County, contact El Paso County's deputy fire marshal, **(719) 575-8400**.