

Retail Food Establishment 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.
- ☐ A brief written description of the scope of work and what changes/construction will occur. See page 1.
- ☐ Menu: Breakfast/Lunch/Dinner (including seasonal, offsite catering, and banquet menus).
- ☐ Drawings/schedules (electronic/digital plans preferred):
 - Show location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).
 - Floor plan: Show location of equipment, plumbing, and location of hood. (Minimum ¼ inch scale for architectural renderings). Please identify any garage doors and outer openings.
 - Plumbing plan: Show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, grease/solids interceptor (if required by the local building, water, or sanitation authority), hose bibs and hose reels, laundry facilities etc.
- ☐ 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: 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.



Prevent • Promote • Protect

Environmental Health Division

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

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



Prevent • Promote • Protect

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

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: _____



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

Additional Information

Scope of Work:

Menu (list items below or attach menu):



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

Application Date: _____

Plan Review Form	
Establishment Information	
Name of Establishment:	Phone:
Street Address:	Fax:
City/State/Zip:	Website:
Mailing Address:	Email:
Mailing City/State/Zip:	
Business/Ownership Information (proprietary rights per C.R.S. 25 1605)	
Individual or Corporate Name:	Phone:
Mailing Address:	Fax:
City/State/Zip:	Email:
Contact Information- During Plan Review Process	
Name of Primary Contact:	Phone:
Street Address:	Fax:
City/State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Fax:
City/State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Fax:
City/State/Zip:	Email:

Construction Start Date: _____ Planned Opening Date: _____

Indicated number of seats in each area: Indoor: _____ Outdoor: _____

Choose one: ☐ Newly Constructed ☐ Extensively Remodeled ☐ Conversion of Existing Structure
(Unlicensed)

Type of Retail Food Establishment (Check all that apply)	
<input type="checkbox"/> Full-Service Restaurant	<input type="checkbox"/> Bar
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Coffee Shop
<input type="checkbox"/> Market/Grocery	<input type="checkbox"/> School Food Program
<input type="checkbox"/> Fish Market	<input type="checkbox"/> Concession
<input type="checkbox"/> Meat Market	<input type="checkbox"/> Manufacturer with Retail Sales
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Other:
Days and Hours of Operation Insert hours in the following format: 8am to 8pm	
Days:	Hours:
Seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Months of Operation:	
Projected maximum number of meals to be served	
Number of meals per week:	

Have plans for this establishment been submitted to the local building department? ☐ Yes ☐ No

Pikes Peak Regional Building Department Plan Number: _____

Food Handling Procedures		
If Standard Operating Procedures (SOPs) are available, please submit with plans.		
Procedures	Yes	No
Will food be held cold? (coolers, ice bath etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will food be held hot? (steam well, warmers etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will produce need to be washed?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be reheated after cooling?	<input type="checkbox"/>	<input type="checkbox"/>
Will food that is frozen need to be thawed?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooked? (example: raw meats)	<input type="checkbox"/>	<input type="checkbox"/>
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be prepared that will be sold to other establishments?	<input type="checkbox"/>	<input type="checkbox"/>
Will catering be conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Will self-service foods (i.e., buffets and salad bars) be provided?	<input type="checkbox"/>	<input type="checkbox"/>
Will food items such as candy, trail mix, etc. be sold in bulk to the public?	<input type="checkbox"/>	<input type="checkbox"/>

Complete applicable sections:

A. List the foods that will require rapid cooling (example: 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:

What equipment will be used for reheating?

- ☐ Stove ☐ Microwave ☐ Other: _____

C. Describe how frozen foods will be thawed:

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

D. Describe where personal items will be stored:

E. Describe where chemicals will be stored:

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

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

Finish Schedule

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic coved molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (NA) as appropriate.

If finish schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found: _____

ROOM/AREA	FLOOR	FLOOR WALL JUNCTURES	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Dish Washing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Garbage Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				
Identify the finishes of: Cabinets, Countertops, and Shelving				

Equipment Installation Table						Installation Method				
Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.). Please attach additional list if more space is needed. <i>If equipment schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found: _____</i>						Floor Mounted			Counter/Table Mounted	
Plans/Drawings ID #	Equipment	Make/Model	New (N)/Used (U)	Plumbing Required? Yes/No	Casters	Legs (at least 6 inches)	Sealed in Place	Portable	Legs (at least 4 inches)	Sealed in Place
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plumbing Fixtures

Complete table below for all plumbing fixtures:

Plans/Drawings ID #	Fixture or Equipment	Drainage (Direct or Indirect)	# of Plumbing Fixtures Requiring Hot Water
	Hand Sinks (include restrooms		
	Dish Machine		
	Garbage Disposal		
	3-Compartment Sinks		
	Food Prep Sink		
	Hose Bibs		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		
	Dump Sink		
	Ware washing Machines		
	Pre-rinse Sprayers		
	Utensil Soak Sinks		
	Garbage Can Washer		
	Showers		
	Other:		
	Other:		
	Other:		

Note:

- *Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.*
- *Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.*
- *Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100-mesh screen and may require a drain.*
- *Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher-rinsers.*
- *Indirect drainage is required for all 3-compartment sinks, dish machines, food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.*
- *Items may not drain into buckets.*

Plumbing- Sink Sizes

Food will primarily be served on:

☐ Multi-use Tableware ☐ Single-serve Tableware ☐ Both

Dish Washing Equipment

☐ 3-Compartment ☐ Dish Machine ☐ Both

3-Compartment Sink

Include the size of each compartment (length x width x depth) of the three-compartment sinks, soiled and clean drainboard lengths, and whether a pre-rinse spray hose will be installed for each dish washing area, including bars.

Note: 3-Compartment Sinks must be large enough to accommodate the largest piece of equipment/utensil used.

Plans/Drawings ID #	Length (inches) of Soiled Drainboard	Length (inches) of Clean Drainboard	Dimensions (inches) of Sink Compartments (L x W x D)	Pre-rinse Sprayer Yes/No

Dish Machine

Provide make and model numbers and **attach specification sheets** for each dish washing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, **utensil soak sink dimensions** and water usage in gallons per hour (GPH).

Plans/Drawings ID #	Length (inches) of Soiled Drainboard	Length (inches) of Clean Drainboard	Dimensions (inches) of Utensil Soak Sink (L x W x D)	Pre-rinse Sprayer Yes/No	Gallons per Hour (GPH)

For heat sanitizing on a dish machine, is a separate booster heater provided? ☐ Yes ☐ No

If Yes, complete table below.

Boost Heater Information: Dish Machine			
Make	Model #	kW/BTU Rating	Distance from Machine (feet)

Water Heater Information				
Please provide water heater information in the tables below.				
*Please attach Specification Sheets				
Do you have more than one water heater? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, or additional are to be installed, please indicate which plumbing fixtures each system will service.				
Standard Tank Type Heater				
Make	Model #	kW/BTU Rating	Thermal Efficiency %	
Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	Model #	kW/BTU Rating	Flow Rate (GPM) at 80°F or 100°F	Storage Tank Capacity (gal), if applicable

Note: Additional information may be needed. For instantaneous/tankless systems, approval of system may require further review.

Note: For instantaneous/tankless systems when a dish machine is used, a properly sized storage tank (25 gallons) recirculation line, and an aqua stat (water thermostat) must be installed. For facilities with high temperature dishwashing machines, use 100F rise. For all other facilities, use 80F rise.

Ventilation Information					
Plans/Drawings ID #	Hood Type	Dimensions (inches) of Hood (L x W)	Exhaust CFMs	Total supply Air CFMs	*Outside Air CFMs

**Note: Volume of make-up air supplied into building must be greater than or equal to exhaust from building.*

Water Supply and Sewage Disposal

Select the type of water supply system and sewage disposal system that services the establishment.

☐ Community/ Public- Name of district: _____

☐ Non-Community- Public Water System ID Number (PWSID): _____

☐ Private ** If the retail food establishment does not meet the definition of a public water system in accordance with the Colorado Primary Drinking Water Regulations additional monitoring and sampling is required. For more information about the Colorado Primary Drinking Water Regulations, please visit:

<https://www.colorado.gov/pacific/cdphe/water-quality-control-commission-regulations>

- a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Private Drinking Water Supply Information

	Well	Surface Water Influence
Depth (feet)		N/A
Method of Disinfection		
Filtration (if applicable)		

☐ Municipal/ Public- Name of district: _____

☐ On-site Wastewater Treatment System Indicate location on site plan and attach a copy of the permits for the system: _____

Variance and/or HACCP Requirement

If your operation includes any of the following specialized processing methods, you may need to obtain a variance from the Colorado Department of Public Health and Environment.

If your operation includes any of the following procedures, you will need a HACCP Plan that meets the requirements of 3-502.12 and a designated work area accessible only to responsible trained personnel.

(Check all boxes that apply to your operation)

- ☐ Smoking food as a method of preservation rather than as a method of flavor enhancement
- ☐ Curing Food
- ☐ Using food additives or adding components such as vinegar:
 - a. As a method of food preservation rather than as a method of flavor enhancement
 - OR
 - b. To render the food so that it is not time/temperature control of safety food
- ☐ Packaging of time/temperature controlled for safety food using a reduced oxygen environment
- ☐ Operating a molluscan shellfish life support system display tank
- ☐ Custom processing of animals that are for personal use as food
- ☐ Sprouting seeds or beans
- ☐ Vacuum packaging
- ☐ Sous vide
- ☐ Cook-chill

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.

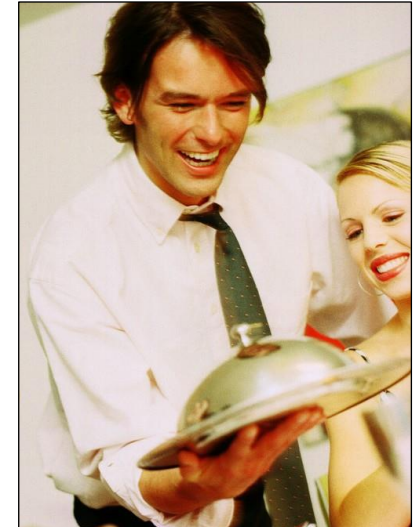
If your establishment is in a city or town other than Colorado Springs, contact the city or town clerk about licensing requirements.



This pamphlet was produced by the El
Paso County Public Health
Environmental Health Division
1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199

Rev. 1/03/2012

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**.