



Environmental Health

Retail Food Change of Ownership

APPLICATION INSTRUCTIONS

- 1. Applications can be submitted in the following ways:
 - a. Online via myhealthdepartment.com/epcph
 - b. PDF emailed to healthinfo@elpasoco.com
 - c. Paper applications delivered to the location at the bottom of the page.
- 2. Payment: All electronically submitted applications will receive an invoice via email.

REQUIRED DOCUMENTS: Application Menu Floorplan Proof of CO Department of Reven	ns will not be accepted if not included. ue Sales Tax Number	
Application Date:		
ESTABLISHMENTS INFORMATION		
Owner Name (Sole Proprietor, LLC, Inc.)	:	_
3illing Address:		_
		_
Phone:	Email:	
Establishment (dba) Name:		
Date of ownership change: Seasonal? If yes, please identify months	 s of operation:	
Anticipated Open Date:	CO Department of Revenue Sales Tax Number:	_
Days & Hours of Operation: Total Building Square Footage:	Number of Seats Indoor & Outdoor:	_
ALTERNATIVE CONTACT INFORMATION		
Name:	Title:	_
	Email:	
Name:	Title:	_
Phone:	Fmail:	

Retail Food Services		
☐ Fee Exempt	\$0.00 with proof of 501(c)(3)	
☐ Review of Potential Retail Food Establishment	\$75.00 for 90 minutes	
☐ Change of Ownership Inspection	\$120.00 (non-refundable)	
Retail Food Licenses		
☐ Limited Food Services	\$270.00	
☐ Restaurant (0-100 seats)	\$385.00	
☐ Restaurant (101-200 seats)	\$430.00	
☐ Restaurant (>200 seats)	\$465.00	
☐ Child Care Kitchen (0-100 seats)	\$385.00	
☐ Child Care Kitchen (101-200 seats)	\$430.00	
☐ Child Care Kitchen (>200 seats)	\$465.00	
☐ Health Care Restaurant (0-100 seats)	\$385.00	
☐ Health Care Restaurant (101-200 seats)	\$430.00	
☐ Health Care Restaurant (>200 seats)	\$465.00	
☐ Grocery Store (< 15,000 sq. ft.)	\$195.00	
☐ Grocery Store (> 15,000 sq. ft.)	\$353.00	
☐ Grocery Store w/ deli (< 15,00 sq. ft.)	\$375.00	
☐ Grocery Store w/ deli (> 15,000 sq. ft.)	\$715.00	