



Retail Food Establishment Minor Remodel-Short Form

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: Applications will not be accepted if not included.

- Menu
- Facility Floorplan
- Plumbing Plan (if applicable)
- Equipment Specification Sheets
- Proof of CO Department of Revenue Sales Tax Number

Application Date: _____

ESTABLISHMENTS INFORMATION

Owner Name (Sole Proprietor, LLC, Inc.): _____

Billing Address: _____

Point of Contact Name: _____

Phone: _____ Email: _____

Establishment (dba) Name: _____

Establishment Physical Address: _____

Seasonal? If yes, please identify months 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: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Describe the scope of the project below, in detail:

Please check if any of the following applies to the remodel:

- Relocating or replacing sinks (i.e., 3-compartment sinks, hand sinks, etc.)
- Water heater replacement
- Adding equipment requiring plumbing (i.e., ice machines, beverage machines, etc.)
- Adding or replacing dish machine
- Finish changes (i.e., tile, paint, etc.)
- Front of house changes only

Retail Food Services	
<input type="checkbox"/> Fee Exempt	\$0.00 with proof of 501(c)(3)
<input type="checkbox"/> Plan Review Application	\$100.00 (non-refundable)
<input type="checkbox"/> RFE Plan Review Time	\$93.00 (minimum time 90 minutes at \$62/hour)
Retail Food Licenses	
<input type="checkbox"/> Limited Food Services	\$270.00
<input type="checkbox"/> Restaurant (0-100 seats)	\$385.00
<input type="checkbox"/> Restaurant (101-200 seats)	\$430.00
<input type="checkbox"/> Restaurant (>200 seats)	\$465.00
<input type="checkbox"/> Child Care Kitchen (0-100 seats)	\$385.00
<input type="checkbox"/> Child Care Kitchen (101-200 seats)	\$430.00
<input type="checkbox"/> Child Care Kitchen (>200 seats)	\$465.00
<input type="checkbox"/> Health Care Restaurant (0-100 seats)	\$385.00
<input type="checkbox"/> Health Care Restaurant (101-200 seats)	\$430.00
<input type="checkbox"/> Health Care Restaurant (>200 seats)	\$465.00
<input type="checkbox"/> Grocery Store (< 15,000 sq. ft.)	\$195.00
<input type="checkbox"/> Grocery Store (> 15,000 sq. ft.)	\$353.00
<input type="checkbox"/> Grocery Store w/ deli (< 15,00 sq. ft.)	\$375.00
<input type="checkbox"/> Grocery Store w/ deli (> 15,000 sq. ft.)	\$715.00

Note: Upon review of this application, the plan reviewer has the authority to require the submittal of a full plan review application.