

## FREMONT COUNTY DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT 201 N 6TH STREET CANON CITY, CO 81212 (719) 276-7361 FAX NUMBER (719) 276-7451

For Agency Use Only

amy.jamison@fremontco.com

## Retail Food Establishment License Application

Calendar Year 2025

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

| Ownership type:   |               |                         |                                  |  |  |            |           |             |
|---|---------------|-------------------------|----------------------------------|--|--|------------|-----------|-------------|
| Ownership type:   |               |                         |                                  |  |  |            |           |             |
| Individual (must complete affidavit of resid  | ency)         | Corporation             | (LLC, LLP, S-                    | Corp, etc.)                              | Non-profit (include                    | es governr | ment)**   | Other       |
| Full legal name of owner, corporation, or non-pr  | ofit:         |                         |                                  |  |  |            |           |             |
|   |               |                         |                                  |  |  |            |           |             |
| Trade name (DBA):   |               | Contact name (on site): |                                  |  |  |            |           |             |
|   |               |                         |                                  |  |  |            |           |             |
| Email:  |               |                         | Business phone number (on site): |  |  |            |           |             |
|   |               |                         | control prioric names (on site), |  |  |            |           |             |
|   |               |                         |                                  |  |  |            |           |             |
| Physical address of business:   |               |                         |                                  | City:                                    | <i>'</i> :                             |            |           | Zip:        |
|   |               |                         |                                  |  |  |            |           |             |
| County where business is located:   | Owner Primar  | y phone numb            | er:                              | Owner Seco                               | ndary pho                              | ne numbe   | er:       |             |
|   |               |                         |                                  |  |  |            |           |             |
| Mailing address (if different from above):  |               |                         | City:                            |  |  | State:     | Zip:      |             |
| ,   |               |                         |                                  |  |  |            |           |             |
| Data variated the business I  |               |                         |                                  |  |  |            |           |             |
| Date you started the business: Seasonal Op  |               | Please indicate         | the months,                      | days, and hou                            | rs you are operating:                  |            |           |             |
| Year-round  | Operation     |                         |                                  |  |  |            |           |             |
| and Regulations (6 CCR 1010-2), and that I have Health & Environment, or local board of health until such time as requirements are met. | n. I also agi | ree that in the         | event sanitat                    | ion items are                            | not complied with, I                   | will disco | ntinue se | rving food  |
| Signature:  |               |                         | Title:                           |  | ľ                                      | Date:      |           |             |
|   |               |                         |                                  |  |  |            |           |             |
| Check the appropriate license type from the list  | below. Thi    | s is your license       | fee.                             |  |  |            |           |             |
| License Type  | Code          | Fee                     |                                  | License Typ                              | e                                      |            | Code      | Fee         |
| Restaurant (0-100 seats)**  | 3000          | \$385.00                |                                  | School Cafeteria                         |  |            | 1000      | \$0.00      |
| Restaurant (101-200 seats)**  | 3100          | \$430.00                |                                  | Correctional Facility Kitchen            |  | 1000       | \$0.00    |             |
| Restaurant (>200 seats)**   | 3200          | \$465.00                |                                  | 1  | Health Care Restaurant (0-100 seats)** |            | 3000      | \$385.00    |
| Limited Food Service**  | 2000          | \$270.00                |                                  | Health Care Restaurant (101-200 seats)** |  | 3100       | \$430.00  |             |
| Mobile Unit (limited/prepackaged TCS)**   | 6200          | \$100.00                |                                  | Health Care Restaurant (>200 seats)**    |  | 3200       | \$465.00  |             |
| Mobile Unit (full food service)**   | 6300          | \$385.00                |                                  | ]  | (itchen (0-100 seats)**                |            | 3000      | \$385.00    |
| Grocery Store (0-15,000 sq ft)**  | 4000          | \$100.00                |                                  | 1  | (itchen (101-200 seats)                | )**        | 3100      | \$430.00    |
| Grocery Store (>15,000 sq ft)**   | 4150          | \$353.00                |                                  | 1  | (itchen (>200 seats)**                 |            | 3200      | \$465.00    |
| Grocery Store w/ Deli (0-15,000 sq ft)**  | 5000          | \$375.00                |                                  | Oil & Gas To                             |  |            | 7000      | \$850.00    |
| Grocery Store w/ Deli (>15,000 sq ft)**   | 5150          | \$715.00                |                                  | Special Eve                              | 1t**                                   |            | 8000      | Set locally |
|   |               |                         |                                  | -  |  |            |           |             |
| Make Checks Payable to  |               |                         | Tota                             | al Due: \$                               |  |            |           |             |
| Fremont County Public Health  |               |                         |                                  |  |  |            |           |             |

201 N 6th St Canon City, CO 81212