



## Retail Food Establishment Change of Ownership Packet

Application Date: \_\_\_\_\_

Date of Ownership Change: \_\_\_\_\_

Thank you for inquiring about your plans to change ownership of a retail food establishment. Please fill out and submit the following packet for review.

ESTABLISHMENT INFORMATION											
Name of Proposed Establishment (DBA):											
Address:						Phone:					
City/State/Zip:						Fax:					
County:				Email:							
Website/Facebook Page:											
OWNERSHIP INFORMATION											
Individual(s) or Corporate Name:						Phone:					
Mailing Address:						Cell:					
City/State/Zip:				Email:							
CONTACT INFORMATION <i>(check if same as above)</i>											
Name of Primary Contact:						Phone:					
Address:						Cell:					
City/State/Zip:				Email:							
LICENSING INFORMATION											
Name of Existing/Most Recent Establishment:											
Closure Date:			For mobile units, County license was issued in:								
DAYS AND HOURS OF OPERATION											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours											
CHECK ALL MONTHS YOU PLAN TO OPERATE											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED <i>(where applicable)</i>											
Breakfast				Lunch				Dinner			
TYPE OF RETAIL FOOD ESTABLISHMENT <i>(check all that apply)</i>											
Full Service Restaurant				Market (Grocery)				Meat Market			
Coffee Shop				Convenience Store				Bar			
Fast Food				Deli				Caterer			
Mobile Unit				Other <i>(please specify):</i>							

1. Submit floor plans drawn to scale that include the location and identification of all equipment, plumbing fixtures, and storage areas in the establishment.
2. Provide details on changes or alterations that increase or reduce the size of the kitchen or storage spaces. If no changes are to occur this is not applicable.
3. Number of seats in the establishment: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
4. Number of restrooms in the establishment: \_\_\_\_\_
5. Are there alterations or revisions to the establishment or equipment that require a building or construction permit by local building authorities? Yes      No
  - If yes, provide information on the changes.
6. Will the menu be changing from that of the previous establishment? Yes      No
  - If yes, provide a copy of the proposed menu(s) and, if available, a copy of the menu from the existing or most recent establishment.
7. Will equipment be added? Yes      No
  - If yes, provide specification sheets for any new pieces of equipment. If specs cannot be obtained please provide pictured of the equipment you intend to use.
8. Please indicate any additional changes being made to the establishment that has not been addressed above.

### **Change of Ownership Establishment Requirements**

- The Establishment must have adequate equipment to maintain food temperatures.
- All handsinks must be supplied with soap and disposable paper towels.
- All food must be obtained from approved sources that comply with the applicable laws relating to food and food labeling.
- Food must be protected from cross-contamination while stored, prepared, displayed, dispensed, packaged, or transported from all agents of public health significance.
- Ill employees must be excluded or restricted from the retail food establishment in accordance with 2-201.12 in the Colorado Retail Food Establishment Rules and Regulations. (see attached employee illness flowchart)
- Employees must be knowledgeable in food safety, which include but not limited to proper cooking and cooling of foods, when to wash hands, how to prevent food from bare hand contact, and practice good hygienic practices. At least one person who has manager or supervisor responsibilities must demonstrate active managerial control by being a Certified Food Protection Manager (CFPM) at most establishments.

- Provide a probe-type thermometer that is capable of reading both hot and cold temperatures and is calibrated and accurate to  $\pm 2^{\circ}\text{F}$ .
- Ensure that all necessary equipment is indirectly plumbed to the waste line (i.e., three-compartment sinks, coolers, ice machines, and food preparation sinks).
- A sign or poster notifying food employees to wash their hands is required to be provided and visible at all sinks food employees use for hand washing.
- At least one service sink or curbed cleaning facility with a floor drain shall be used for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water or similar liquid wastes.
- Other requirements and further guidance for provisions of a retail food establishment please see the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2). Copies are available from the department's web site at [www.colorado.gov/cdphe/restaurants-and-grocery-stores](http://www.colorado.gov/cdphe/restaurants-and-grocery-stores).



# COLORADO

Department of Public Health & Environment

FOR STATE USE ONLY

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

## Retail Food Establishment License Application Calendar Year 2023

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

Ownership type:

Individual                       Corporation (LLC, LLP, S-Corp, etc.)     Non-profit (includes government)\*\*     Other

Full legal name of owner, corporation, or non-profit: \_\_\_\_\_

Trade name (DBA): \_\_\_\_\_                      Contact name (on site): \_\_\_\_\_

Email: \_\_\_\_\_                      Business phone number (on site): \_\_\_\_\_

Physical address of business: \_\_\_\_\_                      City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

County where business is located: \_\_\_\_\_                      Owner Primary phone number: \_\_\_\_\_                      Owner Secondary phone number: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_                      City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Date you started the business:  Seasonal Operation    Please indicate the months, days, and hours you are operating:  
 Year-round Operation

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: \_\_\_\_\_

Following are the applicable license fee categories for your reference.

License Type	Code	Fee
Restaurant (0-100 seats)**	3000	\$385.00
Restaurant (101-200 seats)**	3100	\$430.00
Restaurant (>200 seats)**	3200	\$465.00
Limited Food Service**	2000	\$270.00
Mobile Unit (limited/prepackaged TCS)**	6200	\$270.00
Mobile Unit (full food service)**	6300	\$385.00
Grocery Store (0-15,000 sq ft)**	4000	\$195.00
Grocery Store (>15,000 sq ft)**	4150	\$353.00
Grocery Store w/ Deli (0-15,000 sq ft)**	5000	\$375.00
Grocery Store w/ Deli (>15,000 sq ft)**	5150	\$715.00

License Type	Code	Fee
School Cafeteria	1000	\$0.00
Correctional Facility Kitchen	1000	\$0.00
Health Care Restaurant (0-100 seats)**	3000	\$385.00
Health Care Restaurant (101-200 seats)**	3100	\$430.00
Health Care Restaurant (>200 seats)**	3200	\$465.00
Child Care Kitchen (0-100 seats)**	3000	\$385.00
Child Care Kitchen (101-200 seats)**	3100	\$430.00
Child Care Kitchen (>200 seats)**	3200	\$465.00
Oil & Gas Temporary	7000	\$850.00
Special Event**	8000	Set locally

\*\*To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.

**Upon review of the change of ownership, an invoice with payment details will be provided.**